

## DISCHARGE SUMMARY

**Rainbow Children's Hospital**  
It takes a lot to treat the little.

**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Name	B/O TEJASWINI REGATI VENKATA	UHID	FDH-00046307
Father/Guardian	Mr GADDE JEEVAN REDDY	Age/Gender	0 Y 0 M 0 D 7 H/ Female
Address	Gadde leevan reddy villa-220 mayfair visista ,sheriguda, kondakal,po:kodalkal, Marpallikalan, Ranga Reddy, Telangana, INDIA, 501203		
IP No	IP25-00020640	Admission Date	26-05-2026
Ref Doctor	Dr. Srilatha Gorthi		
Discharge Date	27-05-2026		

### Consultant:

**Dr. Kalyan Chakravarthy Konda,**  
MBBS, MD, DNB (Pediatrics), DM (Neonatology)  
Consultant Pediatrician & Neonatologist  
APMC/FMR/76059

### DIAGNOSIS

TERM ( 39 weeks + 2 days)/ APPROPRIATE FOR GESTATIONAL AGE /  
SPONTANEOUS VAGINAL DELIVERY / BABY GIRL

**History:** B/O TEJASWINI REGATI VENKATA, is a term ( 39 weeks + 2 days) baby girl, delivered to a PRIMI mother by Spontaneous vaginal delivery on 26.05.2026 at 12:22 pm with birth weight of 2.602 kgs in Rainbow Children's Hospital, Financial District Hyderabad. Baby cried immediately after birth. APGAR scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.



Name B/O TEJASWINI REGATI VENKATA UHID  
IP No IP25-00020640 Admission Date 26-05-2026

**Maternal History:** Mrs. TEJASWINI REGATI VENKATA, is a 31 years old PRIMI mother.

G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever. Mother's Blood group is "O" positive. Baby's blood group is O negative.

**Examination:** Baby was euthermic. Maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

**Anthropometry:**

Weight at birth : 2.602 kgs.  
Weight at discharge : 2.654 kgs.  
Head Circumference : 36 cms.  
Length : 48 cms.

**Investigations:** Enclosed reports.

**Management:**

**Course during hospital:**

**Feeding:** Breastfeeding was initiated (First feed was given within 30 minutes). Baby tolerated the feeds well.



Name

B/O TEJASWINI REGATI  
VENKATA

UHID

IP No

IP25-00020640

Admission Date

26-05-2026



Transcutaneous bilirubin at 20 hours of life was 9.9 mg/dl and was advised for Phototherapy but parents wish to get discharged hence being discharged at request.

**Vaccination:** Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	27.05 .2026
OPV	Given	27.05.2026
HEPATITIS B	Given	27.05.2026

**TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test:** Done on 27.05.2026 showed Bilateral normal outer hair cells functioning.

**Newborn screening advanced :** To be sent at follow up

**SPO2 : 98% at room air**

**Red Reflex: Present & Symmetrical**

**Hip Examination was normal.**

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

**Condition at discharge:** Baby is pink, warm, active and on direct breast feeds.

**Advice:**

Keep the baby clean & warm

Regular breast feeding every 2nd hourly followed by burping.



Name	B/O TEJASWINI REGATI VENKATA	UHID	IP-00046307
IP No	IP25-00020640	Admission Date	26-05-2026

Monitor urine output

Immunization as per schedule

Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).

Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

**Plan:**

1. Newborn screening advanced test to be done on follow up.
2. SBR to be done tomorrow.

Review consultation with Dr. KALYAN CHAKRAVARTHY KONDA, on 28/5/2026 Thursday at Financial District with prior appointment (**Review consultation will be charged**).

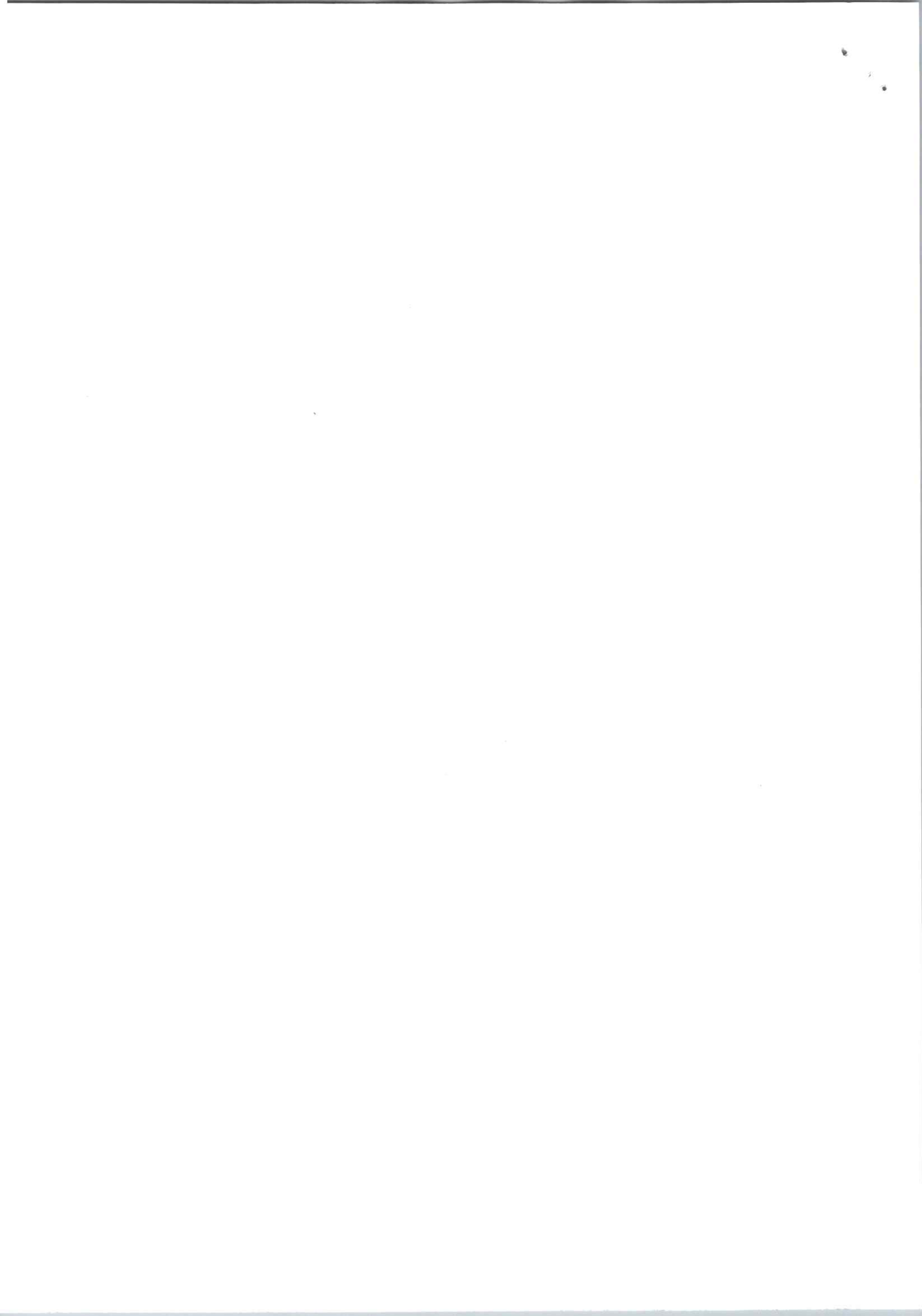
**Review back to Hospital:** If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

*Tejaswini*  
Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Financial District / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri /**



Name	B/O TEJASWINI REGATI VENKATA	UHID	IP-00046307
IP No	IP25-00020640	Admission Date	26-05-2026

**LB Nagar** dial just one toll free number **18002122**.

You can also take appointments at any time by going **online** to our website [www.rainbowhospitals.in](http://www.rainbowhospitals.in)

**Registrar/Resident/C.M.O**

**Consultant:**

**Dr. Kalyan Chakravarthy Konda,**

MBBS, MD, DNB (Pediatrics), DM (Neonatology)

Consultant Pediatrician & Neonatologist

APMC/FMR/76059







RAINBOW CHILDRENS HOSPITAL  
DEPARTMENT OF PAEDIATRIC AUDIOLOGY  
Hearing Screening Informed Consent Form

**Hi! Congratulations on the birth of your baby!!!**

Dear Parent,

It is through hearing that your child will learn to talk. Approximately 3 newborns per 1000 are born with hearing loss. Although it is unlikely your baby will have a hearing loss, if there is one, it is important that you know about it as soon as possible.

The first two years of your child's life are the most important for learning speech and language. It is important to diagnose hearing problems early because a hearing loss can prevent your baby from learning speech and language.

The purpose of the screening is to check your baby's ability to hear and to help find those babies who need more hearing testing. **This screening test does not rule out severe and rarer forms of hearing loss.**

Your baby will receive the test below.

**Otoacoustic Emissions test (OAE).** This test will not hurt your baby. Most babies sleep through the test. A soft rubber earphone is placed in your baby's ear and makes a soft clicking sound. Healthy ears will "echo" the click sound back to a tiny microphone that is inside the earphone. Both ears will be tested.

Please ask your doctor or nurse if you have any questions about the hearing screening.

CONSENT

I authorize/request a hearing screening test for newborn, \_\_\_\_\_

FDH-00046307 IP25-00020640  
Baby B/O TEJASWNI REGATI  
26-05-2026 0 Y 0 M 0 D 20 H (F)  
Dr. KALYAN CHAKRAVARTHY KONDA



Signature of Parent/Legal Guardian

Date 27/5/26

In case if the result shows **refer** in one or both ears, this does not necessarily mean that your baby has a permanent hearing loss, but without additional testing we can't be sure. The screening results will be provided to your baby's doctor. Please be sure you make the appointment for rescreening on

*[Handwritten signature]*

Signature of Parent/Legal Guardian

Date



**ACTIVITY RECORD FOR BILLING**

FDH-00046307 IP25-00020640  
Baby B/O TEJASWINI REGATI  
28-05-2026 0 Y 0 M 0 D 1 H (F)  
Dr. KALYAN CHAKRAVARTHY KONDA

Name: B/o Tejaswini



UHID No : \_\_\_\_\_ IP No : \_\_\_\_\_ Consultant : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission : 26/5/26 Time : 12:43pm Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>26/5/26</u>	<u>6:20pm</u>	<u>MICU</u>	<u>WARD</u>	<u>[Signature]</u>

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				





# PROCEEDURE

Date	Procedure	Quantity	Order No.	Signature

## ANY OTHER INFORMATION

-----  
-----  
-----  
-----  
-----  
-----  
-----

Date : 26/05/26

Time : 1pm

Prepared By : Sofyani

Staff Nurse  Sofyani	Shift / Ward  MICU	Billing Assistant	Billing Supervisor
----------------------------	--------------------------	-------------------	--------------------

FDH-00046307 IP25-00020640  
 Baby B/O TEJASWINI REGATI  
 28-05-2026 0 Y 0 M 0 D 1 H (F)  
 Dr. KALYAN CHAKRAVARTHY KONDA



# NEONATAL IN-PATIENT MEDICAL RECORD

## ADMISSION INFORMATION

Mother's Name : Tejaswini Age : 31y Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... UHID No. : .....  
 NICU Consultant : ..... Referring Consultant : .....  
**Transferring Unit :**  OT  Labour Room  ER  Ward  
**Transported ?**  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

## BIRTH INFORMATION

Name : B/O Tejaswini Mother's Blood Group : O+ve  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 2602g Length (cms) : .....  
 Date of Birth : 28/5/26 Time of Birth : 12:22pm OFC (cms) : .....  
 Place of Birth : Ken, AP Estimated Gesth Age : 39+2

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31y Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 23/8/25 EDD : 30/5/26  
 Conception : Spontaneous or with Rx : Spontaneous  
 Booked at what GA : 26 wks AN Steroids Drugs / Doses : .....  
 Last Scans Details : @ 36w, SLLUF, AFW-2951, AFI-26.2  
Doppler - (+) TT Immunization and Iron / Folic Acid : .....

## MATERNAL RISK FACTORS

Age :  <18 yrs  > 35yrs  
 Consanguinity :  Yes  No  
 If yes, degree of consanguinity :  1  2  3  
**H/o PIH (after 20 weeks) / PE**  
 How many Drugs / Doses / Since how long : .....  
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....  
 IUGR - when detected : .....  
 Doppler ( Increased Resistance / ADEF / REDF / Redistribution in MCA ) / Ductus Venosus : .....  
 AFI : .....

**H/o GDM/ pre GDM/ on diet or insulin**  
 Controlled or not, recent values, HbA1 values : .....  
 Compliance with Rx : .....  
 Scans : LGA, TIFFA , Fetal Echo : .....  
**H/o Hypothyroidism : when diagnosed ? Medication?**  
 Any other Chronic Medical Problems, when detected drugs ? .....  
 ( Anemia, SLE, Jaundice, CHD, Heart Disease )  
 Infection : H/O, Fever  
 (  Malaria  UTI  TORCH  TB  HIV  HBV )  
 UTI : when : ..... Any culture : .....

**PPROM** : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....

**PAST OBSTETRIC HISTORY**

*Pina* G: ..... P: ..... A: ..... L: .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details

**PERINATAL HISTORY**

Treating Obstetrician : *Dr. N. N. N. N.* Hospital : *Rox. PD*  Inborn  Outborn

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig) <i>NVD</i></p> <p>Second stage (&gt; 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : .....</p> <p>Specify the reason : .....</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : .....</p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : .....</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**NEONATAL RESCUSTITION DETAILS**

**APGAR SCORE**

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

	1 Minute	5 Minutes	10 Minutes
<b>TOTAL</b>	<i>8/10</i>	<i>9/10</i>	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments :

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

History of Present Illness:

Baby first born on 26/5/26 @  
via NVD

↓  
BCIAB

↓  
DCC down

↓  
Routine newborn care  
Icy-vit K given in @ antenatal  
context of high

↓  
shift to normal

Investigation details in previous Hospital :

Feeding History :

Past History :

no acute or chronic illness  
no surgery  
↓  
no

Family History :

no family history of  
↓  
no

Socio Economic History :

↓  
no

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 37° HR : 148/min RR : 42/min NIBP : CFT : <3sec

Color of the extremities : (N)

Jaundice : Pallor : SpO2 : Pu - 97% / PaO2 - 97%

Anthropometry : Birth Weight : Length : HC : Present Weight :

Ponderal Index : (AGA) SGA : LGA :

**HEAD TO TOE EXAMINATION**

**HEAD :** Fontanelles : }  
Sutures : }  
Shape / Moulding : }  
Edema / Bruising : }  
Size - (H.C.) : } (10)

**Facies :** No facial dysmorphism  
(Any Facial Dysmorphism)

**NECK and CLAVICLES :** Range of Motion : }  
Asymmetry : }  
Masses : } (10)

**EYES :** Symmetry :  
Red Reflex : → To be checked  
Discharge :

**EARS, NOSE MOUTH and THROAT :** Ear set / Shape : }  
Periauricular Pits / Tags : }  
Nasal shape / Patency : }  
Palate : }  
Gums : }  
Lips : }  
Tongue : } (10)

**THORAX and BREASTS :** Shape of Thorax : }  
Position of Nipples and Number : } (10)

**ABDOMEN and UMBILICUS :** Shape : }  
Organomegaly : }  
Bowel Sounds : }  
Umbilical Stump : ← 20AC 10VC }  
Discharge : }

**GENITALIA :** Labia / Hymen : }  
Testicles/penis : } (10) female  
Anus :

**HERNIAL ORIFICES**

**TRUNK and SPINE :** } (10)

**SKIN LESIONS :**

**EXTREMITIES :** Fingers / Toes : }  
Arms / Legs : }  
Deformities : }  
Mobility : }  
Hip Joint Examination : } (10)

### SYSTEMIC EXAMINATION

#### Respiratory System :

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

Mention If baby has Respiratory distress : RR : 42/min SCR / ICR / See - Saw breathing : .....

Scoring of respiratory distress if present (Silverman or Downe's) : 0/10

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : .....

Spo2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

*BU AED  
NVBL*

#### Cardiovascular System :

HR : 148/min BP : ..... Precordial Activity : .....

Femoral Pulses : BU equally felt Murmurs : No Murmurs

Other Peripheral Pulses : well felt Signs of Cardiac Failure : .....

#### Abdomen :

Shape : ..... Hernia orifice : .....

Palpation : soft Anal Patency : ..... Umbilical Cord : 2VAC 1VVC

Palpable masses : No organomegaly First urine passed : ✓

Abdominal girth : ..... Meconium passed : ✓

#### Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : ..... 20

Prechtle Score : .....

#### Nerves :

.....  
.....  
.....  
.....

#### Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

Grasp :  Palmar  Plantar  Sucking  Rooting  Crossed adductor : .....

Moro's : + Spontaneous DTR : .....

ATNR : ..... Skull and Spine : .....

Any Congenital Anomalies : ..... Nil .....

Diagnosis : ..... Turner / AGA / NVD / Baby Girl / BUAB / BW : 2-602 .....

**FOOT PRINTS**

Left Side :



Right Side :



Resident Doctor :

Signature : ..... [Signature] .....

Name : ..... Dr. Aishwarya .....

Date & Time : .....

Consultant :

Signature : ..... [Signature] .....

Name : ..... Dr. I. B. .....

Date & Time : ..... 26/1/24 .....

**PLEASE FILL UP THE FOLLOWING DETAILS**

1. Name of the referring Doctor : .....
2. Name of the referring Hospital : .....  
Address : .....  
Contact Numbers : .....
3. Contact Details of the referring Doctor : .....  
Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....  
..... on whose name the patient is being referred.

**AT THE TIME OF TRANSFER TO THE WARD**

Final Diagnosis : .....

*Term Central Apnea*

Present Issues : .....

Vital :  HR : .....  RR : .....  BP : .....  SP02 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

**Plan during ward follow up :**

*DBF Q2H, Warm call*

*Vaccination / OAE @ 24 Hrs*

*NBS ISBR @ 48 Hrs*

*Red reflex to be checked*

Feeding Plan at the time of shifting : .....

**Screenings done during NICU Stay :**

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....


NP2 : .....





# PATIENT TRANSFER FORM



Patient Name & UHID No. DH-00046307 IP25-00020640 Baby B/O TEJASWINI REGATI 26-05-2026 0 Y 0 M 0 D 1 H (F) Dr. KALYAN CHAKRAVARTHY KONDA  DR - Kalyan		Date & Time of Admission 26/5/26 @ 12:43 pm	Date & Time of Transfer Order 26/5/26 @ 6pm
		Transfer Ordered by DR - Kalyan	Reason for Transfer Observation
From Unit MICU	To Unit WARD	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 15	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	NA	/	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr - Bhagya		Name of Person Ordered Transfer Dr. Kalyan	
Patient & Clinical Records Received by : Rupsa			
Date & Time of Patient Received : 6:20 pm 26/5/26			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
  Nurse not Available
  Available Bed not ready

