

**DISCHARGE SUMMARY**

<b>Name</b>	B/O SARADA H	<b>UHID</b>	FDH-00046315
<b>Father/Guardian</b>	Mr SHIVDEV KUMAR	<b>Age/Gender</b>	0 Y 0 M 1 D/ Male
<b>Address</b>	hall mark, tranquil ,puppalguda , hyderabad, Puppalguda, Hyderabad, Telangana, INDIA, 500075		
<b>IP No</b>	IP25-00020647	<b>Admission Date</b>	26-05-2026
<b>Ref Doctor</b>			
<b>Discharge Date</b>	28-05-2026		

**Consultant:**

**Dr. KALYAN CHAKRAVARTHY KONDA**

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

**APMC/FMR/76059**

**DIAGNOSIS**

TERM / ELECTIVE LSCS / LOW BIRTH WEIGHT : 2.359 kgs / BABY BOY / CIAB

INFANT OF DIABETIC / HYPOTHYROID MOTHER

**History:** B/O SARADA H, is a term ( 37 weeks + 6 days) baby boy, delivered to a PRIMI mother by Elective LSCS (Ind : In view of subserosal fibroid +) on 26.05.2026 at 12:42 pm with birth weight of 2.359 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 SARADA H	UHID	DH-00046315
IP No	IP25-00020647	Admission Date	26-05-2026

**Maternal History:** Mrs. SARADA H, is a 32 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. History of type 2 Diabetes Mellitus on Insulin. History of Hypothyroidism since 25 years. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever. Mother's Blood group is "A" positive. Baby's blood group is "A1B" positive.

**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 : 2.359 kgs.  
Weight at discharge : 2.147 kgs.  
Head Circumference : 34 cms.  
Length : 46 cms.

**Investigations:** Enclosed reports.

**Management:**

**Course during hospital:**

**Feeding:** Breast feeding was initiated (First feed was given within 30 minutes). Baby tolerated the feeds well. In view of insufficient mother's milk, formula feeds were added which baby tolerated well.



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In view of maternal history of gestational diabetes mellitus, baby's blood sugar levels were serially monitored which remained stable. Subsequent blood sugar levels remained stable.

Serum bilirubin at 44 hours of life was 10.5 mg/dl with indirect fraction of 10.4 mg/dl.

**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 :** Sent on 28.05.2026, report awaited.

**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:**



Name	B/O SARADA H	UHID	DH-00046315
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Keep the baby clean & warm

Regular breast feeding with top up formula feed (20-22ml) every 2nd hourly followed by burping.

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.

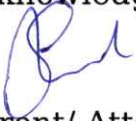
**Plan:**

1. Newborn screening advanced test report to be collected on follow up.
2. Serum Bilirubin to be decided on follow up (Last Serum bilirubin at 44 hours of life was 10.5 mg/dl with indirect fraction of 10.4 mg/dl, as per risk stratification chart it is falling in low risk zone).

Review consultation with Dr. KALYAN CHAKRAVARTHY KONDA, on Saturday (30.05.2026) 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 discoloration 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.



Parent/ Attender



Name	B/O SARADA H	UHID	IPDH-0004631
IP No	IP25-00020647	Admission Date	26-05-2026

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 / Vikramपुरi / 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**



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



ADMISSION SHEET

Registration Details :



Admission No : IP25-00020647      Admit Date : 26-May-2026      Admit Time : 03:30 PM      UHID : FDH-00046315

Patient Details :

Patient Name : Baby B/O SARADA H      Age : 0 D  
Guardian : Mr SHIVDEV KUMAR      DOB : 26-05-2026 12:42 PM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : hall mark, tranquil ,puppalguda , hyderabad      Phone No : 8129748702/ 8903432228  
Puppalguda Hyderabad Telangana INDIA 500075      E-mail :

Admission Details :

Bed Type : BASINET      Bed No : CRDL MICU 5-2      Ward Name : 4F -MICU  
Room No : CRDL MICU 5-2      Admission Type : First Visit

Contact Details :

Name : Mr SHIVDEV KUMAR      Relationship : Father  
Contact Address : hall mark, tranquil ,puppalguda , hyderabad      Phone No :  
Puppalguda Hyderabad Telangana INDIA 500075

*T.R. Gill*  
Signature

Doctor Details :

Doctor Name : Dr. KALYAN CHAKRAVARTHY KONDA      Specialisation : NEONATOLOGY  
Referral Doctor :      Phone No :  
Co-Consultant :

Payment Details :

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : SELFPAY







### ACTIVITY RECORD FOR BILLING

Name: Blo. FDH-00046315 IP25-00020647  
 Baby B/O SARADA H  
 26-05-2026 0 Y 0 M 0 D 5 H (M)  
 UHID No : ----- Dr. KALYAN CHAKRAVARTHY KONDA  
 ----- Consultant : ----- Dept : -----  
 Date of Admission : ----- Time : ----- Date of Discharge : ----- Time: -----  
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/20	1:55 pm	A&C OT	MICU	sreeraj
26/5/20	9:45 pm	MICU	ward	Copy
28/5/20	12 PM	Ward (207)	Billing	[Signature]

### Cross Consultation Visit

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









### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <b>NBC</b>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure:		Post OP Day:					
BACKGROUND	Date	26/5/26	26/5/26	26/5/26	27/5/26	27/5/26		
	Shift	M	E	N	M	E		
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	NBC	
ASSESSMENT	Diet:	DBF	DBF	DBF	DBF	DBF	DBF	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	36.5	36c	36.2c	36.2c	98.1°F	98.5°F
		Res:	55	40	40	40	41	42
		SpO <sub>2</sub> :	99%	100	100	100	99%	99%
		Pulse:	145	150	152	150	155	142
		BP:	-	-	-	-	-	-
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	
Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0/10		
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10		
Skin Integrity	good	good	good	good	good	good		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:								
Handed Over By Name :		Benuka	Sadhika	Gouvy	Rumpi	Rupsa	Rani	
Signature / ID :		BL	Sadhika	Gouvy	Rumpi	Rupsa	Rani	
Date:		26/5/26	26/5/26	27/5/26	27/5/26	27/5/26	28/5/26	
Time:		@ 2pm	@ 5pm	@ 8am	2pm	@ 8pm	@ 8am	
Taken Over By Name :		Sadhika	Gouvy	Rumpi	Rupsa	Rani	Sangeeta	
Signature / ID :		Sadhika	Gouvy	Rumpi	Rupsa	Rani	Sangeeta	
Date:		26/5/26	26/5/26	27/5/26	27/5/26	27/5/26	28/5/26	
Time:		@ 2pm	@ 5pm	8am	@ 2pm	@ 5pm	@ 8am	

FDH-00046315 IP25-00020647

Baby B/O SARADA H

28-05-2026 0 Y 0 M 1 D (M)

Dr. KALYAN CHAKRAVARTHY KONDA



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <b>NB</b>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure: <b>A</b>	Post OP Day:						
<b>BACKGROUND</b>	Date	<b>28/5/26</b>						
	Shift	<b>M</b>						
	Medical Condition (Any special condition to be noted):	<b>NB</b>						
	Diet:	<b>DBF</b>						
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<b>RA</b>						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<b>98.6</b>					
		Res:	<b>23</b>					
		SpO <sub>2</sub> :	<b>100+</b>					
		Pulse:	<b>138</b>					
		BP:	<b>-</b>					
		LOC:	<b>conscious</b>					
		Fall Risk Score:	<b>0/10</b>					
	Pain Score:	<b>0/10</b>						
	Skin Integrity	<b>Good</b>						
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<b>-</b>						
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<b>DBF</b>						
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<b>Dependent</b>							
Post Operative Procedure Special Orders:		<b>-</b>						
Handed Over By Name :		<b>Sangeeta</b>						
Signature / ID :		<i>[Signature]</i>						
Date:		<b>28/5/26</b>						
Time:		<b>2:15 pm</b>						
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

FDH-00046315 IP25-00020647  
Baby B/O SARADA H  
26-05-2026 OYOMODSH (M)  
Dr. KALYAN CHAKRAVARTHY KONDA



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark' [✓] the boxes as applicable)

Baby's Name: B/o Sarada. Mother's Name: Mrs Sarada  
Date of Birth: 26/5/26 Time of Birth: 12:42 pm. Gender:  Male  Female  
Birth Weight: 2.35 kg. Kgs HC: ..... cm Length: ..... cm  
Meconium in Liquor:  Yes  No Cried at Birth:  Yes  No  
Term / Pre-term / Post-term: Term  
Resuscitated:  Yes  No Blood Group: Mother: ..... Baby: .....  
Feeding:  Breast Feeding  Formula  Both First Feed Time: 1:55 PM.

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery:  Normal  LSCS - Emergency/ Elective  Instrumental  AVD  
Indication: .....

### Physical Assessment of New Born:

Temp: 36.5 °C HR: 1 /Min RR: ..... /Min BP: ..... SpO<sub>2</sub>: .....  
Pain Score: 0/10 (Follow N Pass)  
Fall Risk Assessment:  Yes  No Score: 0/10 (Fill the Humpty Dumpty Sheet)  
Risk in Pressure Sore:  Yes  No (Braden Q Score) (Fill the Braden Q Sheet)  
Behaviour Status on admission:  Sleeping  Crying  Calm  Drowsy

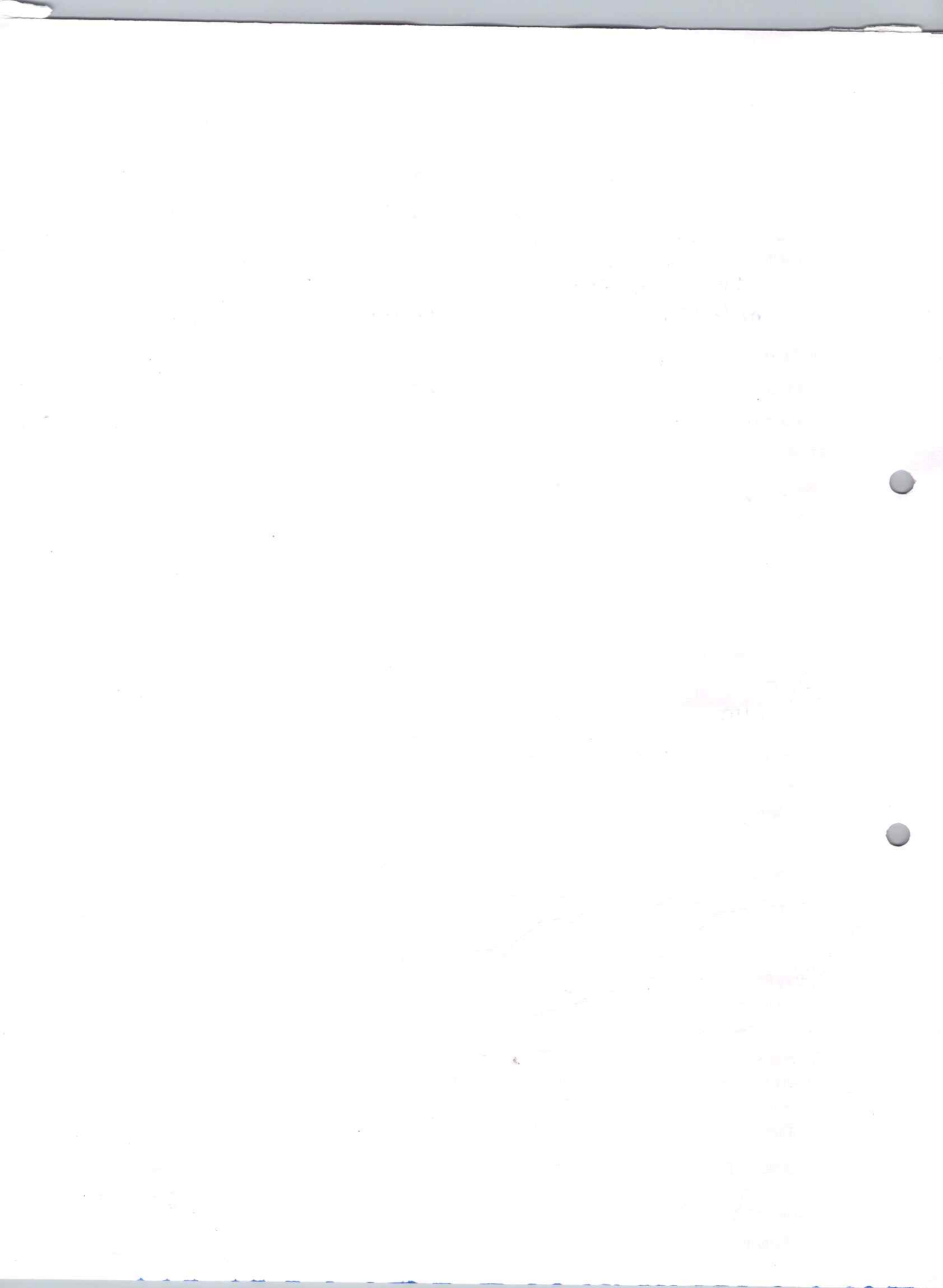
### Findings:

General Appearance: Posture:  Well-Flexed  Asymmetry  
Skin:  Pink  Meconium Stain  Others, Specify: .....

### Nursing Management: (Please strike through if not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg IM Administered: Yes / No  
Routine Care Provided: Yes / No  
Capillary Blood Glucose Monitoring Done: Yes / No  
Neonatal Screening Done: Yes / No  
1. Nutritional Screening: Feeding Problem Yes / ~~No~~  
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No  
3. Socio History: Siblings Yes / ~~No~~  
All information obtained from  Mother  Father  Other Family Member  
Newborn Screening Discussed: Yes / No

Nurse Name: Penika Signature: PS Date & Time: 26/5/26



FDH-00046315 IP25-00020647  
 Baby B/O SARADA H  
 26-05-2026 0Y0M0D5H (M)  
 Dr. KALYAN CHAKRAVARTHY KONDA



## PERINATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Pujitha Sarada Age : 32y 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 Pujitha Sarada Mother's Blood Group : A +ve  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 2359 Length (cms) : .....  
 Date of Birth : 26/5/26 Time of Birth : 12:42 pm OFC (cms) : .....  
 Place of Birth : RCH, FD Estimated Gesth Age : 37+6

Current Obstetric History : (Booked / Unbooked Case) .....  
 Maternal Age : 32y Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 6/1/25 EDD : 13/6/26  
 Conception : Spontaneous or with Rx. : Spontaneous  
 Booked at what GA : @ 30+6 weeks AN Steroids Drugs / Doses : .....  
 Last Scans Details : @ 36+6, AFI - 17.9, EFW - 2.6 kg  
Doppler - @ TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> &lt;18 yrs <input type="checkbox"/> &gt; 35yrs          Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  <b>H/o PIH (after 20 weeks) / PE</b>          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 / Redistribtion in MCA ) / Ductus Venosus : .....          AFI : .....</p>	<p><b>H/o GDM/ pre GDM/ on diet or insulin</b>          Controlled or not, recent values, HbA1 values : .....  <u>Type II DM on insulin</u>          Compliance with Rx : .....          Scans : LGA, TIFFA , Fetal Echo : .....  <b>H/o Hypothyroidism : when diagnosed ? Medication?</b>  <u>@ 25 years</u>          Any other Chronic Medical Problems, when detected drugs ? .....          ( Anemia, SLE, Jaundice, CHD, Heart Disease )          Infection : H/O, Fever          ( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )          UTI : when : ..... Any culture : .....</p>
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**PPROM** : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....

**PAST OBSTETRIC HISTORY**

Pilvi

G: ..... P: ..... A: ..... L: .....

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

oboro2

**PERINATAL HISTORY**

Treating Obstetrician : Dr. Piptwa Hospital : Rev. PD  Inborn  Outborn

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig) <u>Elective LSCS</u></p> <p>Second stage (&gt; 2 hours after dilation)</p> <p>LSCS : <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : .....</p> <p>Specify the reason : <u>Subserosal fibroid</u></p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : .....</p> <p>Resuscitation : <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>
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**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>	<u>8/10</u>	<u>9/10</u>	

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

**Snapee II Score**

	> 30 (0)	20-29 (9)	< 20 (19)	
Mean BP (mmHg)	> 96 (0)	96-95 (8)	< 95 (15)	
Lowest Temp (oF)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Pao2 / Fio2 (mmHg%)	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Lowest Serum PH	No (0)	Yes (19)		
Multiple Seizures	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
U. Output (ml / kg / hr)	> = 7 (0)	< 7 (18)		
Apgar Score	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
Brith Weight	> 3rd percentile (0)	< 3rd (12)		
SGA				

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

History of Present Illness:

Baby

born on 26/11/2026

@ via Elective LSP

↓

BCIAB - after stimulation

↓  
Dec down

↓

Routine newborn care.

Inj. vit K given @ ① antenatal aspect  
Hunger

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 37.0 HR : 160/min RR : 46/min NIBP : CFT : 18 sec

Color of the extremities : (N)

Jaundice : Pallor : SpO2 : 98% on RA

Anthropometry : Birth Weight : 2.359 Length : HC : Present Weight :

Ponderal Index : AGA SGA LGA

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) No facial dysmorphism

NECK and CLAVICLES : Range of Motion : Asymmetry : Masses :

EYES : Symmetry : Red Reflex : Discharge :

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

**THORAX and BREASTS :** Shape of Thorax : }  
Position of Nipples and Number : } (2)

**ABDOMEN and UMBILICUS :** Shape :  
Organomegaly :  
Bowel Sounds : ← 2 UAC  
Umbilical Stump : ← 1 UVC  
Discharge :

**GENITILIA :** Labia / Hymen : }  
Testicles/penis : }  
Anus :

**HERNIAL ORIFICES**

**TRUNK and SPINE :**

**SKIN LESIONS :**

**EXTREMITIES :** Fingers / Toes : }  
Arms / Legs : }  
Deforimities : } (2)  
Mobility : }  
Hip Joint Examination :

**SYSTEMIC EXAMINATION**

**Respiratory System :**  
**Breathing Pattern**  Regular  Periodic  Shallow  Gasping  
Mention if baby has Respiratory distress : RR : ..... calm ..... 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 **Bill ACP, NUBC**  
Settings : .....  
SpO<sub>2</sub> : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

**Cardiovascular System :**  
HR : ..... BP : .....  
Femoral Pulses : **Bill well felt equally**  
Other Peripheral Pulses : **well felt**  
Precordial Activity : .....  
Murmurs **no Murmurs**  
Signs of Cardiac Failure : .....

**Abdomen :**  
Shape : .....  
Palpation : **soft**  
Palpable masses : .....  
Abdominal girth : .....  
Hernia orifice : .....  
Anal Patency : .....  
Umbilical Cord : **← 2 UAC**  
First urine passed : **↑**  
Meconium passed : **X**

**Nervous System :** Higher intellectual functions (Sensorium) : .....  
 State of wakefulness : .....  
 Prechtle Score : .....

*Handwritten scribbles and a circled 'A' in a box.*

Nerves : .....

**Motor System :**

Passive Tone : .....  
 Active Tone : .....  
 Neonatal Reflexes : .....  
 Grasp :  Palmar  Plantar  Sucking  Rooting  Crossed adductor : .....  
 Moro's :  *Symmetrical* ..... DTR : .....  
 ATNR : ..... Skull and Spine : .....

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

Diagnosis : *Term / SGA / Elec. Lsec / Baby Boy / BW: 2359 / LBW / IDM / maternal hypothyroidism*

**FOOT PRINTS**

Left Side :



Right Side :



**Resident Doctor :**

Signature : *[Signature]* .....  
 Name : *Dr. Aishwarya* .....  
 Date & Time : *26/5* .....

**Consultant :**

Signature : *[Signature]* .....  
 Name : *Dr. L* .....  
 Date & Time : *26/5* .....



Friend

Will patient require transportation arrangements to go home:  Yes  No  NA

Will Physiotherapy require at home:  Yes  No  NA

Is home medical equipment anticipated:  Yes  No  NA

Is home oxygen therapy anticipated:  Yes  No  NA

Breastfeeding  Yes  No  NA

Formula Feed  Yes  No  NA

Are dressing needs at home anticipated:  Yes  No  NA

Any other needs anticipated:  Yes  No If Yes Specify .....

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

DBF Q2M, warm call

Vaccination and OAE @ 24HOL

SBR, NBS @ 48HOL

Red Reflex to be checked

GRBS @ 0, 1, 3, 6, 12, 24, 36, 48 HOL (Df y comply)

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

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

**Feeding:**  Breastfeeding Exclusively  Breastfeeding and Formula Feeding  Formula Feeding

Vitamin K given:  Yes  No

Vaccinations given  BCG  Hepatitis B  Others: .....

Neonatal Screen Taken:  Yes  No, parents advised to have Neonatal Screen at National screening

program center on: ...../...../.....

Hearing Test:  Yes  No

Jaundice:  NIL  Slight  Moderate

Passed Urine:  Yes  No

Passed Meconium:  Yes  No

Weight at discharge: .....

Appointment was given for follow-up at OPD:  Yes  No

Date of Discharge: ...../...../.....

Discharge to  Home  Other: .....

Against Medical Advice:  Yes  No

Referred to another hospital:  Yes  No

**Discharge Medications:**  Yes  No

Details: .....

Final Diagnosis: .....

.....

.....

.....

.....

.....

.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....



FDH-00046315 IP25-00020647  
 Baby B/O SARADA H OYOMODSH (M)  
 28-05-2026 Dr. KALYAN CHAKRAVARTHY KONDA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5	S/B. <u>Dr. Vinodha (LC)(PT)</u>	
	Breastfeeding counselling plan	
27/5/2026		
4pm	S/B Dr. Sneha	
	28 flol	
	GC: Stable	
	CRTX 3cc	
	CPAAT: Good	
	vitals	Plan
	HR: 140/min	- DBP 2 hourly
	RR: 42/min	- SBR, NBS) 6 AM
	SpO2: 98-100%	- NASOCULAR N/D
	Temp: 36.5°C	2°/night 2 hourly

*S*  
 Noted by *dm*  
 8pm  
 28/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	C/S B/Dx. Kalyan / Dr. Sude	
9 AM	S: <u>46 A   term   AYA   Mch</u>	
	GC: stable	
	CR+K 3cc	
	C/PAT: Good.	
	(SBR: 10.5 mg/dl)	Bwt   2359
	(ID: 10.9 mg/dl)	Tot   2142
		(↓ 8.9%)
		MBU / A+
		BSU / AB+
	Plan	
	- DBF + measured feeds	
	→	(formula top up)
		(20ml - 22ml/2 hourly)

*[Signature]*  
 Noted by Sonjeeta  
 28/5/26  
 @ 9 AM



22/5



**VITALS CHART**

Date →	Temp	HP	RR	SPO <sub>2</sub>	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am										
9.00 am										
10.00 am										
11.00 am										
12.00 pm										
1.00 pm	36.5°C	160/min	46/min	98%	8/10	DBF	15 mins	-	-	-
2.00 pm										
3.00 pm	36°C	156	40	99%	8/10	DBF	10 mi	-	-	-
4.00 pm										
5.00 pm	36°C	150	42	100%	9/10	DBF	10 min	-	-	-
6.00 pm										
7.00 pm	36°C	148	42	99%	9/10	DBF	10 mi	-	-	-
8.00 pm	36°C	150	40	100%	8/10	DBF	15 min	✓	✓	-
9.00 pm										
10.00 pm	98°F	149	38	100%		DBF	20 min		✓	
11.00 pm										
12.00 am						DBF	15 min	✓	✓	
1.00 am	98.6°F	139	39	98%						
2.00 am						DBF	15 min			
3.00 am										
4.00 am	98.2°F	142	43	98%		DBF	20 min	✓	✓	
5.00 am										
6.00 am	98.2°F	143	39	100%		DBF	20 min			
						<b>TOTAL</b>		U-3	M-4	

Temperature 97.5 to 99.5 F  
HR 120 to 160 per minute  
RR 30 to 60 per minute  
SP02 93-100%

Feeding Plan..... DBF Given .....

**Morning Shift**

Clinical Diagnosis.....  
Nursing Diagnosis.....

Plan of Care .....

Planned Investigations Procedures .....

Implementation .....

Handed Over by : Name & Signature

Received by : Name & Signature

**Evening Shift**

Clinical Diagnosis..... *RISK of infection related to hospitalization.*  
Nursing Diagnosis.....

Plan of Care .....  
*\* give warm care.  
\* monitor vitals.*

Planned Investigations Procedures .....

Implementation .....  
*\* warm care given.  
\* vitals monitored.*

*Deepa Sreeja*  
Handed Over by : Name & Signature

Received by : Name & Signature

**Night Shift**

Clinical Diagnosis.....  
Nursing Diagnosis.....

Plan of Care .....

Planned Investigations Procedures .....

Implementation .....

Handed Over by : Name & Signature

Received by : Name & Signature



### VITALS CHART

Date →	27/5/21									
Time ↓	Temp	HR	RR	SpO <sub>2</sub>	Score	Type of Feed	Qty	Urine	Stool	Vomit
07.00 am										
08.00 am										
09.00 am	98°F	142	30	100%		DBF	30ml	✓	✓	
10.00 am										
11.00 am										
12.00 pm	98°F	142	30	99%		DBF			✓	
01.00 pm										
02.00 pm										
03.00 pm	98°F	130	40	100%		DBF	30ml			
04.00 pm										
05.00 pm	98.6°F	132	41	99%		DBF	30ml	✓		
06.00 pm								✓		
07.00 pm								✓	✓	
	98.6°F	130	40	100%		DBF	30ml			
08.00 pm										
09.00 pm										
10.00 pm	98.5°F	142	40	100%		DBF	30ml	✓		
11.00 pm										
12.00 pm										
01.00 am	98.3°F	140	40	100%		DBF	20ml			
02.00 am										
03.00 am								✓	✓	
04.00 am	98.4°F	140	40	100%		DBF	15ml			
05.00 am										
06.00 am	98.2°F	142	42	100%		DBF	20ml	✓	✓	
						Total		U-6	M-4.	

**Reference Ranges:**

Temperature: 97.5 °C to 99.5 °C  
 HR: 120 to 160 per minutes  
 RR: 30 to 60 per minutes  
 SpO<sub>2</sub>: 93% - 100%

Feeding Plan: .....

*oral hly feeding*







# PATIENT TRANSFER FORM

OT

Patient Name & UHID No. B/o - Sarada.	Date & Time of Admission 26/5/2026	Date & Time of Transfer Order 26/5/2026. @ 1:55 PM
Treating Consultant Name Dr. Kalyan	Transfer Ordered by Dr. Aishwarya	Reason for Transfer Newborn care
From Unit OT	To Unit MICU.	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 4	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	warm care given	30 mins.
2.	Vitals checked.	done.
3.	Vit - K given.	0.5 ml.
4.	Cord clamp done.	1
5.	CRBS checked	80 mg/dL

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring Sreeja @ Sreeja @ 1:55 PM	Name of Person Ordered Transfer Dr. Aishwarya
--	--

Patient & Clinical Records Received by :  
Anand @ 1:55 PM  
26-5/26

Date & Time of Patient Received :

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

3

20/2/2020  
①

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# PATIENT TRANSFER FORM

Patient Name & UHID No.  FDH-00046315      IP25-00020647 Baby B/O SARADA H 26-05-2026      0 Y 0 M 0 D 5 H (M) Dr. KALYAN CHAKRAVARTHY KONDA 		Date & Time of Admission  26/5/26 @ 3:30 pm.	Date & Time of Transfer Order  26/5/26 @ 9 pm
		Transfer Ordered by  Dr. Kalyan	Reason for Transfer  observation
From Unit  NICU	To Unit  ICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File  15	Number of Imaging Films  1	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.	N/A	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring  S. Srinivas	Name of Person Ordered Transfer  Dr. Kalyan
---	---

Patient & Clinical Records Received by :  
  
Rani  
26/5/26

Date & Time of Patient Received :  
  
@ 9:50

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

