

BAM-00657450 IP5-00174609  
 Baby Of PAMULA LATHA  
 28-05-2026 0 Y 0 M 4 D (M)  
 D. VIJAYANAND JAMALPURI

(V)



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
		<p><u>CLS/B</u> Dr Nilesh</p> <p>→ Feeding <u>cont</u> @ 3hrs (120 cc/kg/day)</p> <p>→ Continue <del>SSPT</del> SSPT</p> <p>→ SBR 1m @ <del>3pm</del> 3pm</p> <p>- RSI 1M</p>
<p>26/6 8:50am</p>	<p>CLS/B - Re-eval</p> <p>D50L / 37<sup>th</sup> wk / Term / AGA / NVD / 3.36kg - NNT</p>	<p>MBP BBive</p> <p>SBR - on D4 - 16L</p> <p>Started on SSPT (6pm)</p>
<p>T. wgt - 3.25kg B. wgt - 3.36kg W. 100% 3.2% (13g)</p>	<p>Baby ↓ SSPT</p> <p>→ on - 120cc/kg/day</p> <p>- EBM / paludai feed soml - 3hrs</p> <p>→ accepting well</p> <p>- hemodynamically - stable</p>	<p>Plan</p> <p>→ continue SSPT</p> <p>→ feeding - 120</p> <p>→ ↑ TV - 150cc/kg/day</p> <p>→ @ R/S SBR - @ 3pm</p> <p>→ monitor temp / urine output</p>

MBP  
BBive



AH-00657450 IP5-00174609  
 Baby Of PAMULA LATHA  
 8-05-2026 0Y0M4D (M)  
 Dr. VIJAYANAND JAMALPURI



## DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: 1 Day of Life: 5 PMA: 37<sup>16</sup> wk

Term  Preterm  Gestation: 37<sup>16</sup> wk Corrected Gestational Age: ..... Today's Weight: 3.25kg

Problems		
S.No.	Current	Past Problems
1.	NNTS (↓SSPT)	
2.		
3.		
4.		
5.		
6.		

**Clinical Assessment**  
 - Baby ↓SSPT (6pm) SBR on DuOL-16.4  
 → accepted - 120 cal/kg/day - well - EBM / palmar feet  
 - hemodynamically stable.  
 → Passing urine / stool  
 M/Bt Blue wgt 32%

**Medications Used**  
 Vit D<sub>3</sub>

**Plan of Care:**  
 - continue SSPT E eyes & genitalia covered  
 → SBR - @ 3pm.  
 → TV - 150 cal/kg/day - 68ml - 3rd hly  
 → monitor temp / urine output

Doctor's Name (Hand over given): Pavan V.  
 Signature: Pavan  
 Date & Time: 2/6/26

Doctor's Name (Hand over taken): Sub  
 Signature: Sub  
 Date & Time: 2/6/26



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/23	seen by CTS / B-Ds-VI	
	T. exam [ACIA / NNI] ↓ SSPT	Plan → continue SSPT - SBR - @ 3 pm
		- irregular feeding over TU - 150 cal/kg 1 day
2/6/23	<u>Afternoon rounds</u>	<del>15</del>
1:45 PM		Plan
	- on SSPT, Stable on room air	- TW - 150 cal/kg/day ↓ 65 ul 3rd hourly
	SpO <sub>2</sub> - 99%, PR - 150/min RR - 40/min	- continue SSPT over 6 gentle cough

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- send SBR at 2:00pm and trace.
	- urine passed - stool passed;	- Fl. charting 6th hourly
		Aneel Dr. Aneshe
2/6 @ 2:55 PM		seen by Dr. Vijayanand Sir
		- Trace SBR - report
		- Cool
		Discharge if SBR below - 2/2
		↓ Dr. Aneshe
	2/6/23 5:10 PM SBR - 11.4 u/dl	Plan
		- Discharge now -
		- follow up on Thursday.
		Aneel



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## RESULT SHEET

Date	02/6/26				
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj	11.4	0.1			
T.Protein	11.3				
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					





116/26

**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: ..... Time: 6 8 10 12 2 4 6

Doctor/Nurse/Family Concern? R R R A R A A

Temperature (F)	104						
	103						
	102						
	101	<u>36.6</u>	<u>36.4</u>	<u>36.5</u>	<u>36.4</u>	<u>36.5</u>	<u>36.5</u>
	100						
	99						
	98						
	94						

Heart Rate (bpm) and Blood Pressure (mmHg) * <b>Note:</b> BP does not score in early warning scoring	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	50						

Heart Rate (Number) 153 135 141 149 135 142 142

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						

Resp Rate (Number)

Resp Distress	Mod/ Severe						
	None / Mild						

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 95% 95% 98% 98% 96% 98%

Conscious Level Normal/ Altered N N N N N N N

GCS \* C C C C C C C

**TOTAL SCORE** Number of shaded boxes 1 0 0 0 0 0 0

Pain Score 0 1 1 1 1 1 1

Observer's Initials R R R A R A A

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

\* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

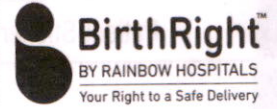
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
<b>A</b>	<b>ASSESSMENT :</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00657450  
 Baby Of PAMULA LATHA  
 29-06-2026 0 Y 0 M 4 D  
 Dr. VIJAYANAND JAMALPURI (M)



2/6/26



# FLUID CHART

Sheet No. : .....

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm	EBM FF	30ml				Passed		7ml				
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm						passed		13ml				
	10:00 pm	FF	50ml										
	11:00 pm												
	12:00 am	EBM											
	01:00 am	FF	50ml				passed		12ml				
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am	FF	50ml				not passed		15ml				
	05:00 am												
	06:00 am												
	07:00 am	FF	50ml				passed		12ml				
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>			71cc/kg by			<b>Total 24 hrs. Output</b>			6.5cc/kg by				

IAH-00657450 IP5-00174609  
 Baby Of PAMULA LATHA (M)  
 18-05-2026 0 Y 0 M 4 D  
 Jr. VIJAYANAND JAMALPURI

*26/22*

# FLUID CHART



*TW = 150 cal  
 Bwt -  
 FP =*

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am										}		
	09:00 am	<i>Nan pro</i>	<i>65ml</i>			<i>passed</i>			<i>26ml</i>				
	10:00 am												
	11:00 am												
	12:00 pm	<i>Nan pro</i>	<i>65ml</i>			<i>passed</i>			<i>26ml</i>				
	01:00 pm												
<b>Total Intake :</b>					<b>Total Output :</b>								
	02:00 pm										}		
	03:00 pm	<i>Nan pro</i>	<i>65ml</i>			<i>passed</i>			<i>31ml</i>				
	04:00 pm												
	05:00 pm												
	06:00 pm	<i>Nan pro</i>	<i>65ml</i>			<i>passed</i>			<i>22ml</i>				
	07:00 pm												
<b>Total Intake :</b>					<b>Total Output :</b>								
	08:00 pm										}		
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>					<b>Total Output :</b>								
	02:00 am										}		
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>					<b>Total Output :</b>								

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Patient Sticker

# FLUID CHART



Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						

Patient Sticker

# FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

# CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT



BAH-00657450 IP5-00174609  
Baby Of PAMULA LATHA  
18-05-2026 0 Y 0 M 4 D (M)  
Dr. VIJAYANAND JAMALPURI

Name: ..... Age: 2.4 day Gender:  Male  Female   
UHID.No : ..... Date: 1/6/26

I Latha S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms B/o Pamela Latha who is related to me as son is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 1/6/26.

The doctors have explained to me in a language understood by me that my child has following health related issues :  
.....  
.....  
.....

The doctors have clearly explained to me that my patient B/o Pamela Latha during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o Pamela Latha in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

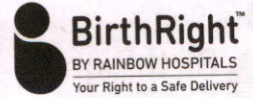
The doctors have explained to me in the language best understood to me.

**Patient Attendant :**  
Signature : Latha  
Name : Latha  
Relationship with Patient: mother  
Date & Time : 1/6/26 (7PM)

**Witness :**  
Signature : Bushra  
Name : B  
Date & Time : 1/6 @ 9pm

**Doctor (who is taking the consent) :**  
Signature : Dr. Anub  
Name : Dr. Anub  
Date & Time : 1/6/26 7PM

# CONSENT FOR FORMULA FEEDS



Patient Name : SAH-00657450 IP5-00174609 Age : 4 day Gender :  Male  Female

UHID No : 174609 Department : NICU Date : 1/6/26

3AH-00657450  
Baby Of PAMULA LATHA (M)  
18-05-2026 0 Y 0 M 4 D  
Dr. VIJAYANAND JAMALPURI

I Mr / Mrs. : ..... aged ..... years, hereby declare that I have admitted my  son /  daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on 1/6/26. I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

### Patient Attendant :

Signature : [Signature]  
Name : R. Lakshmi  
Relationship with Patient: Mother  
Date & Time : 01/06/26 7PM

### Witness :

Signature : [Signature]  
Name : [Signature]  
Date & Time : 1/6 @ 9PM

### Doctor (who is taking the consent) :

Signature : [Signature]  
Name : Dr. Aneeb  
Date & Time : 1/6/26 7pm

## డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. .... రిజిస్ట్రేషన్ నెం.: ..... విభాగము .....

తేదీ .....

నేను శ్రీ / శ్రీమతి ..... వయస్సు ..... సంవత్సరాలు

నా కుమార్తె / కుమారుడు రెయిన్ఫో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము .....

సంతకము .....

పేరు .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము .....

సంతకము .....

పేరు .....



*lethe*

# DRUG CHART

Date of Admission: 11/6/26 Drug Allergies:  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

## SOS / PRN (As Required Medication)

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY: Name ..... Signatu



REGULAR PRESCRIPTIONS

Weight. .... Ward. ....

① ② ③  
Lourdes

<b>DRUG :</b> VITAMIN D3 drops				Date Time	2/6/24															
Dose	Route	Frequency	Start Date																	
0.5ml	PO	Q24H	1/6/24																	
Name & Signature of the Doctor Starting the Drugs: Dr. Ramp				to busy pu																
Additional Instructions: (1ml = 800 IU)																				
<b>Daily Doctor's Endorsement by a Sign</b>				[Signature]																

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				





**ADMISSION SHEET**



**Registration Details :**

Admission No : IP5-00174609      Admit Date : 01-Jun-2026      Admit Time : 04:40 PM      UHID : BAH-00657450

**Patient Details :**

Patient Name	: Baby Of PAMULA LATHA	Age	: 0 Y 0 M 4 D
Guardian	: Mr PAMULA SIVA SATYA NARAYANA	DOB	: 28-05-2026 08:25 AM
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: H NO-2-3-603/49/130 B, NEW PATEL NAGAR, Amberpet Hyderabad Telangana INDIA 500013	Phone No	: 7288867505/ 9573467463
		E-mail	: no@gmail.com

**Admission Details :**

Bed Type : NICU      Bed No : NICU 244      Ward Name : 2F-NICU 1  
 Room No : NICU 244      Admission Type : First Visit

**Contact Details :**

Name : Mr PAMULA SIVA SATYA NARAYANA      Relationship : Father  
 Contact Address : H NO-2-3-603/49/130 B, NEW PATEL NAGAR, Amberpet Hyderabad Telangana INDIA 500013      Phone No : 7288867505 / 9573467463

  
 Signature

**Doctor Details :**

Doctor Name : Dr. VIJAYANAND JAMALPURI      Specialisation : NEONATOLOGY  
 Referral Doctor : Self      Phone No :  
 Co-Consultant :

**Payment Details :**

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



### ACTIVITY RECORD FOR BILLING


Name : \_\_\_\_\_

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

Date of / \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

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

BAH-00657450 IP5-00174609  
Baby Of PAMULA LATHA  
28-05-2028 0 Y 0 M 4 D (M)  
Dr. VIJAYANAND JAMALPURI



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/2028	5:40 pm	ED	NJee	Amulya

### Cross Consultation Visit

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









# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00857450 IP5-00174609  
Baby Of PAMULA LATHA  
28-06-2026 0 Y 0 M 4 D (M)  
Dr. VIJAYANAND JAMALPURI



Patient Name:

*B/o Pamula Latha*

UHID ID:

Department:

Consultant:

BAH-00657450 IP5-00174609  
Baby Of PAMULA LATHA  
28-05-2026 0 Y 0 M 4 D (M)  
Dr. VIJAYANAND JAMALPURI

### pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

Yellowish discoloration of skin & sclera Since 1-2 days

#### History of present illness :

Mother → Primi / 27yr  
→ B positive  
↳ No risk factors...

DOB : 28/5/26

TOB : 8:25am

Baby delivered by NVD / Male / 3.36kg / 46cm long after birth.  
no spont resp. efforts given PPV for 30sec.

↳ Baby cried & Spontaneous resp. efforts observed.

↳ Shifted to NICU for observation.

↳ Baby distress settled, hence shifted back to mother's side  
& discharged later

T.Wt = 3.26kg ; DOL = 4 ; HC = 34cm.

1/6/26 : SBR = 16.4 / 0.1 / 16.3.

BAH-00657450 IP5-00174809  
Baby Of PAMULA LATHA  
28-05-2026 0 Y 0 M 4 D (M)  
Dr. VIJAYANAND JAMALPURI



### History & Physical Examination

**Past History :** (Including details of any previous investigation or treatment)

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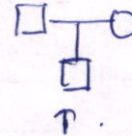
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**Birth & Neonatal History:**

37 weeks + 1 / Term / AGA / male / NVD / 3.36kg.

Difficult perineal transition.



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_ } upper middle class

Any additional Information : \_\_\_\_\_

**Developmental History :**

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**Immunization History :**

Birth vaccine given

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BAH-00657450  
Baby Of PAMULA LATHA  
28-05-2026  
0 Y 0 M 4 D  
Dr. VIJAYANAND JAMALPURI (M)

### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_  
Weight (kgs) ) 3.26 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 97.8°F Pulse Rate : 134/min B.P. \_\_\_\_\_ SPO2 98% on RA  
Resp. rate and type of breathing : RR = 42/min

Rash \_\_\_\_\_ Yellowish discoloration of skin by  
Lymphadenopathy \_\_\_\_\_ scdne  
Oedema : nil  
Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_  
Air entry & breath sounds : B/LAE (+)  
Any addes sounds : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ABG, etc..) \_\_\_\_\_

#### Cardiovascular System :

Inspection of procordium : \_\_\_\_\_  
Heart Sounds : S1C (+)  
Any murmur : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : \_\_\_\_\_

#### Per Abdomen :

Inspection \_\_\_\_\_  
Palpation : Soft, NT.  
Auscultation : \_\_\_\_\_  
Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_  
Relevant data from outside (CT, USG etc..) \_\_\_\_\_

BAH-00657450 IP5-00174609  
Baby Of PAMULA LATHA  
28-05-2026 0 Y 0 M 4 D (M)  
Dr. VIJAYANAND JAMALPURI



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_ (N)

#### Motor System:

Nutrition : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_ (N)

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

#### Reflexes :

DTR

Superficials:

Plantars \_\_\_\_\_ (N)

#### Sensory System :

Bladder / Bowel : \_\_\_\_\_

#### Clinical Summary & Diagnostic:

Neonatal jaundice

BAH-00657450 IP5-00174609  
Baby Of PAMULA LATHA  
28-05-2026 0 Y 0 M 4 D  
Dr. VIJAYANAND JAMALPURI (M)

### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Prevent Keratoconus

Desired goals of the treatment: Hem. stability

#### Planned Labs:

SBR - after  
monthly

M/B Annub  
1/6/26

#### Planned Management

SSPT - on gonioch & eyes  
covered.

Feeds to continue

Vitamin D3 drops.

M/B Annub  
1/6/26

Signature of the Doctor: Ramy

Name of the Doctor: Dr. RAMYA

Date & Time: 1/6/26; 5pm

Dr. VIJAYANAND JAMALPURI  
Reg. No: 40326

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Vijayanand

Date & Time: 1/6/26 5pm