

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020442 Admit Date : 14-May-2026 Admit Time : 10:14 AM UHID : FDH-00045836

Patient Details :

Patient Name : Baby B/O MOUNIKA GARIMELLA Age : 0 D
Guardian : Mr SRINIVASA RAGHU GARIMELLA DOB : 14-05-2026 09:46 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : 12-13-647 ST 14 LN 2 NAGARJUNA NAGAR Phone No : 7893871587/ 8143372162
TARNAKA Mettu Guda Hyderabad Telangana E-mail : gsraghu90@gmail.com
INDIA

Admission Details :

Bed Type : BASINET Bed No : CRDL MICU 1-1 Ward Name : 4F -MICU
Room No : CRDL MICU 1-1 Admission Type : First Visit

Contact Details :

Name : Mr SRINIVASA RAGHU GARIMELLA Relationship : Father
Contact Address : 12-13-647 ST 14 LN 2 NAGARJUNA NAGAR Phone No :
TARNAKA Mettu Guda Hyderabad Telangana
INDIA


Signature

Doctor Details :

Doctor Name : Dr. CHIGULLAPALLI SHRAVANTHI Specialisation : NEONATOLOGY
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

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



ACTIVITY RECORD FOR BILLING

FDH-00045836 IP25-00020442
Baby B/O MOUNIKA GARIMELLA
14-05-2026 O Y G M O D O H (M)
Dr. CHIGULLAPALLI SHRAVANTHI


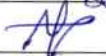
Name: -----

UHID No: -----  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 |
|---------|----------|------|---------|---|
| 14/5/26 | 11 AM | OT | MICU |  |
| 14/5/16 | 8:30 pm | MICU | Ward |  |
| 16/5/26 | 10:40 AM | 206 | Billing | |
| | | | | |
| | | | | |

Cross Consultation Visit

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

PATIENT TRANSFER FORM

07




| Patient Name & UHID No. B/0 - Mounira | | Date & Time of Admission 14/5/26 | Date & Time of Transfer Order 14/5/26 @ 11:00 AM |
|--|------------------------------|--|---|
| Treating Consultant Name Dr. Shrivanthi | | Transfer Ordered by Dr. Lahiri | Reason for Transfer New Birth care |
| From Unit OT | To Unit NICU | 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 givers | 6 min | |
| 2. | Cord clip | ① | |
| 3. | Vit-K | 0.5ml | |
| 4. | BHT senses | Done | |
| 5. | | | |
| Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| Name & Signature of Person who is Transferring Dr. B. S. Lakshmi 14/5/26 @ 11:00 AM | | Name of Person Ordered Transfer Dr. Lahiri | |
| Patient & Clinical Records Received by : Sachin @ 11 AM | | | |
| 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



PATIENT TRANSFER FORM

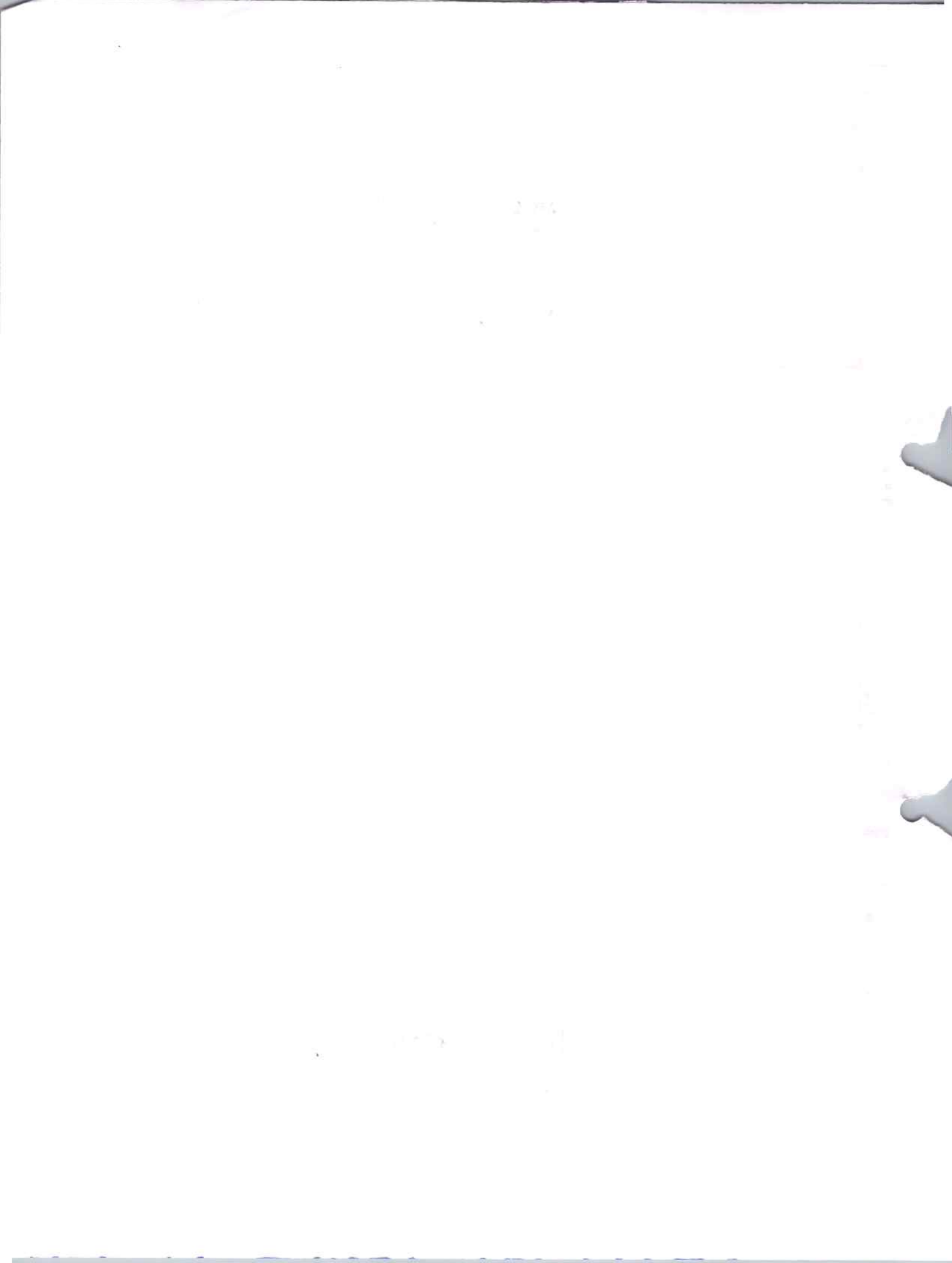
| | | | |
|---|------------------------------|---|--|
| Patient Name & UHID No. FDH-00045836 IP25-00020442 Baby B/O MOUNIKA GARIMELLA 14-05-2026 OYOMODCH (M) Dr. CHIGULLAPALLI SHRAVANTHI  | | Date & Time of Admission 14/5/26 @ 10:14 am | Date & Time of Transfer Order 14/5/26 @ |
| | | Transfer Ordered by Dr. Shrivanthi | Reason for Transfer Dr. Shrivanthi |
| From Unit Micu | To Unit ward | Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in Clinical File 10 | 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. | | | |
| 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 Dr. Nalluri | | Name of Person Ordered Transfer | |
| Patient & Clinical Records Received by : <i>preeta 14/5/26 @ 5:30pm</i> | | | |
| 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



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mounika Garimella Age : 30yr Father's Name : Age :
 Date of Birth : 16/08/1995 Date of Admission : UHID No. :
 NICU Consultant : Dr. Shrivanthi 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 Mounika Garimella Mother's Blood Group : APOS
 Gender : M F Blood Group : Birth Weight (gms) : 3-159 Length (cms) :
 Date of Birth : 14/05/2026 Time of Birth : 9:46AM OFC (cms) :
 Place of Birth : RCH, PO Estimated Gesth Age : 37+1

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : Ht : Wt : BMI : Married Life : LMP 27/1/25 EDD : 3/6/26
 Conception : Spontaneous or with Rx : (Partner)
 Booked at what GA : 4+5 weeks AN Steroids Drugs / Doses :
 Last Scans Details : S LTVG 36+6 cephalic, placenta - Ant, AFI - 17.6 cm
EFW - 3429 (86%), AC 47.7, Doppler ⊕ Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

| | |
|---|--|
| Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 (AFI - 21.6 cm) 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? <u>Hypothyroid ⊕</u> Any other Chronic Medical Problems, when detected <u>⊕</u> 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 : |
|---|--|

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

PAST OBSTETRIC HISTORY

G: 2 P: A: 1 L:

| Sl. No. | Age | GA wks | B. W | Gender | Significant | Details |
|----------------|---------------------|--------|------|--------|-------------|---------|
| G ₁ | 204 | LSCS | FROM | ♀ | A74 / 3.24 | |
| G ₂ | Spontaneous concept | | | | | |

PERINATAL HISTORY

Treating Obstetrician : Dr. Sujitha Hospital : Inborn Outborn

| | |
|--|---|
| <p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason : <u>previous LSCS</u></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>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> |
|--|---|

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : 37^W 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 |
|---------------------|----------|-----------|------------|
| COLOUR | 8 | 9 | 9 |
| HEART RATE | | | |
| REFLEX IRRITABILITY | | | |
| MUSCLE TONE | | | |
| RESPIRATION | | | |
| TOTAL | 8 | 9 | 9 |

| 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 Received In preheated
warmer

↓

CRAB

↓

Delayed cord clamping done

↓

C } good
T }
A }

↓

Inj vit K given

Plasma sample
collected

Investigation details in previous Hospital :

ABG - pH 7.38, pCO2 45, pO2 100, HCO3 24, BE 0

Feeding History :

Past History :

history of previous good
response
↓
SATS

Family History :

no family history of
↓
hypertension

Socio Economic History :

no significant

GENERAL EXAMINATION ON ADMISSION

General Disposition :

No gross congenital
anomalies

VITALS : Temperature : 36.5c HR : 146bpm RR : 46/min NIBP : - CFT : <3m

Color of the extremities : Acrocyanosis

Jaundice : (-) Pallor : (-) SpO2 :

Anthropometry : Birth Weight : 3159 Length : HC : Present Weight :

Ponderal Index : AGA SGA : LGA :

HEAD TO TOE EXAMINATION

| | | |
|--|---|-------------------------|
| HEAD : | Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) : | N |
| Facies : (Any Facial Dysmorphism) | | N |
| NECK and CLAVICLES : | Range of Motion : Asymmetry : Masses : | N |
| EYES : | Symmetry : Red Reflex : Discharge : | Red reflex to be tested |
| EARS, NOSE MOUTH and THROAT : | Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue : | N |
| THORAX and BREASTS : | Shape of Thorax : Position of Nipples and Number : | N |
| ABDOMEN and UMBILICUS : | Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge : | N |
| GENITILIA : | Labia / Hymen : Testicles/penis : Anus : | N |
| HERNIAL ORIFICES | | N |
| TRUNK and SPINE : | | N |
| SKIN LESIONS : | | N |
| EXTREMETIES : | Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination : | N |

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

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

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : Auscultation : Breath Sounds : Added Sounds :

B/LAE, der

Cardiovascular System :

HR : BP : Precordial Activity :

Femoral Pulses : Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

2.5 @ 1.0

Abdomen :

Shape : Hernia orifice :

Palpation : Anal Patency :

Palpable masses : Umbilical Cord :
2VA + 1UV

Abdominal girth : First urine passed :
Not passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

C

Nerves :

T } good
A }

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

ATNR : Skull and Spine :

B/L Symmetrical

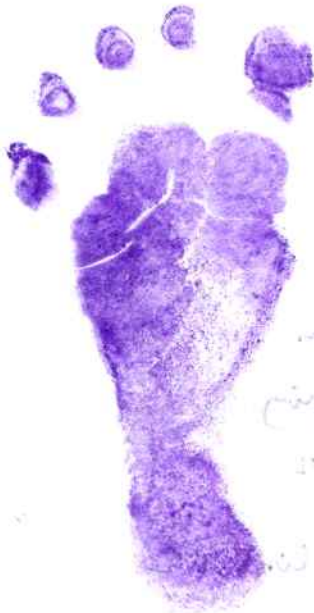
Any Congenital Anomalies :

Diagnosis :

AT (37H) | E.L.S.S | E.C.A.B | A.G.N | M.C.H | 3159 h

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor:

Signature :

Name :

Date & Time : 14/05/2024

Consultant :

Signature :

Name :

Date & Time : 14/5/2024 @ 16:20

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 : D. Sumanth

..... on whose name the patient is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

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

Present Issues :

.....
.....

Vital : HR : RR : BP : SPO2 : Weight :

Any Oxygen requirement :

Systemic :

Medications :

Advice

- keep baby warm
- EBF flb bumping
- SBR } @ 4 hrs
- NRs }

Plan during ward follow up :

- @ 24 HOURS - @ limb sp^oL
- Vaccination } cl^o
- 0 AF^o }

Feeding Plan at the time of shifting :

.....
.....

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

NEWBORN HEARING SCREENING

Oto Acoustic Emissions (OAE)

FDH-00045836 IP25-00020442
Baby B/O MOUNIKA GARIMELLA
14-05-2026 0 Y 0 M 1 D (M)
Dr. CHIGULLAPALLI SHRAVANTHI



Hearing screening was done using TEOAEs

Right ear - Hearing screening results indicate **PASS** (presence of TEOAEs), suggestive of normal outer hair cell functioning.


Left ear - Hearing screening results indicate **PASS** (presence of TEOAEs), suggestive of normal outer hair cell functioning.

Clap Screening: Pass

Recommendation –

Monitor communication development

Follow up if any hearing concerns exist.


Dr. Suganya Reddy Mitta
AUDIOLOGIST & SPEECH LANGUAGE PATHOLOGIST

Note- OAEs were pass(present) bilaterally is an indicative of normal hearing sensitivity, however it must be noted that presence of OAEs (PASS) indicates structurally and functionally normal middle ear and outer hair cell functioning. OAE test does not assess the exact hearing threshold. A BERA test can be administered at the age of 3 months (if necessary) for objective evaluation of hearing thresholds.






PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|--|--------------------|
| 14/5/26 | Review in NSU | |
| 14/5 | parental present - 3741/40, AUA, cephalic 2HOL | |
| | o/e @ exam | Review free day |
| | textbook | |
| | Regular feeding. Keep baby warm NSU @ 48HOL | |
| | Vaccines - today / tomorrow OAE + Red reflex tomorrow True baby's blood group of | |
| | | Siri |
| 15/5/26 | Ward - Shrivanthi | |
| 0830 | 3741/40, AUA, 2HOL Low weight acceptance. | |
| 15/5-4.6 | parental + grandma + relative o/e feeding @ 30 - @ exam. | |
| | Mon vaccines + OAE + Red reflex today | |
| | NSU @ 48HOL - tomorrow ban + SBA | |
| | True baby's blood group | Shrivanthi |

FDH-00045836 IP25-00020442
 Baby B/O MOUNIKA GARIMELLA
 14-05-2026 0 Y 0 M 0 D 13 H (M)
 Dr. CHIGULLAPALLI SHRAVANTHI



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|------------------|--------------------------------------|--|
| 4/5/5 | S/O. <u>Dr. Vandeha (LC) (PT)</u> | |
| | Breastfeeding counselling given | |
| 15/5/2026 4pm | C/S/B <u>Dr. Unnabi</u> | |
| | A: 31 MOL / fem / AYA / EL USG / CAB | |
| | GC: Avg | |
| | CRT < 3sec | |
| | PAPT = Good | |
| | <u>Vitals</u> | <u>Plan</u> |
| | PR: 140/min | - DBF & hourly |
| | RR: 42/min | - Warm care |
| | Temp: 36.5°C | - SBR, NBS T/m |
| | SpO ₂ : 98-100% | 6AM |
| | |  Noted by Rupa |
| | | |

