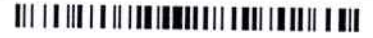


ADMISSION SHEET

Registration Details :



Admission No : IP25-00020386 Admit Date : 11-May-2026 Admit Time : 10:45 AM UHID : FDH-00045717

Patient Details :

Patient Name : Baby B/O BHAGYA SRI . GOLLA Age : 0 D
Guardian : Mr SARAT SRINIVAS DOB : 11-05-2026 09:45 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : PIDUGU RALLA Hyderabad Hyderabad Phone No : 7207268123
Telangana INDIA 500001 E-mail : SARATSRINIVAS24@YAHOO.COM

Admission Details :

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

Contact Details :

Name : Mr SARAT SRINIVAS Relationship : Father
Contact Address : PIDUGU RALLA Hyderabad Hyderabad Phone No : /7981970941
Telangana INDIA 500001

Sarat Srinivas

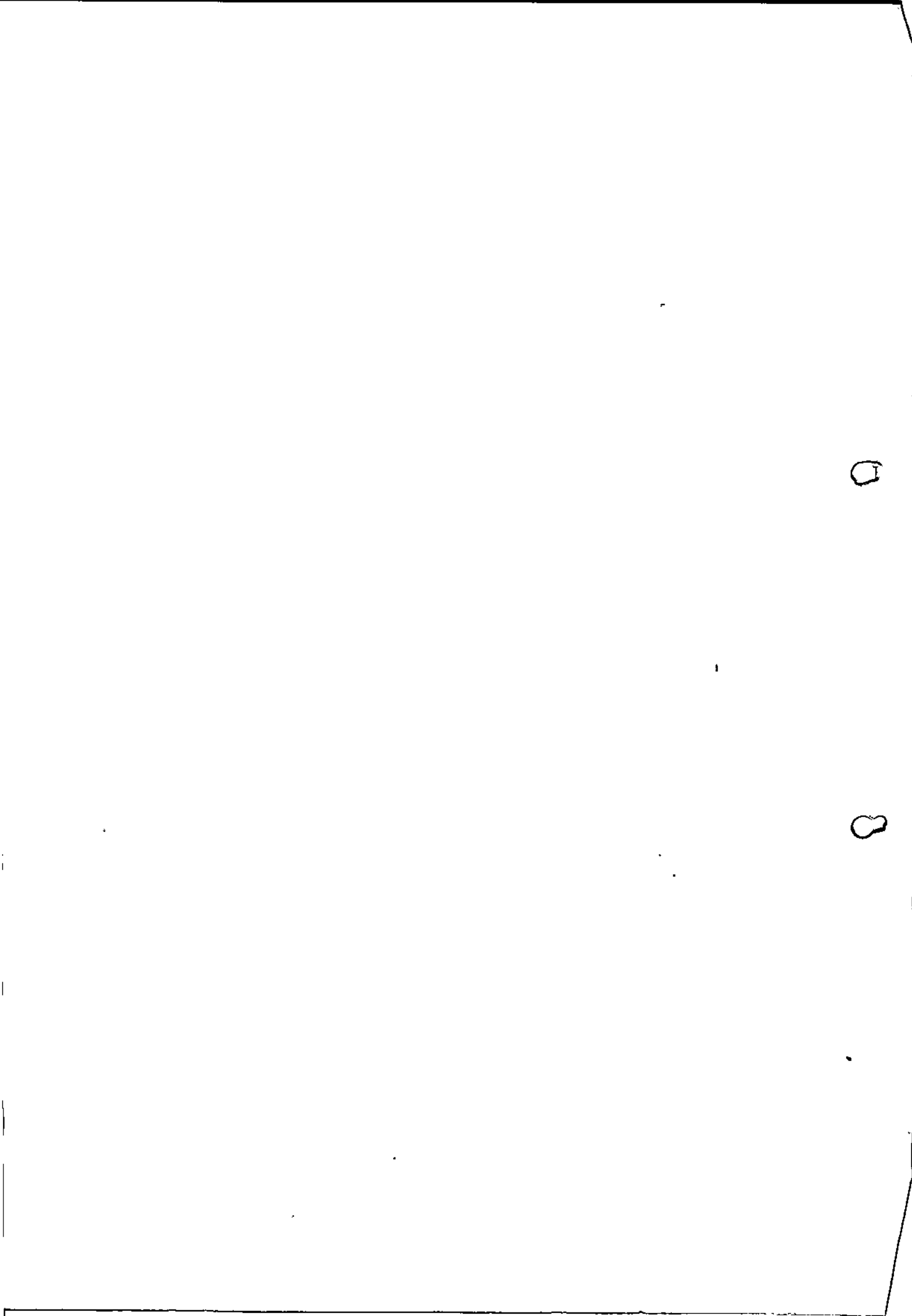
Signature

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-00045717 IP25-00020386
 Name: ----- Baby B/O BHAGYA SRI . GOLLA -----
 11-05-2026 0 Y 0 M 0 D 2 H (M)
 UHID No : ----- IP No ----- Dept : -----
 Dr. CHIGULLAPALLI SHRAVANTHI
 Date of Admission : ----- of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/5/26	10.50 AM	OT	MJEW	Bst
11/5/26	6p	M/W	Ward	Lushu
14/5/26	11:06 am	205	billing	PK


Cross Consultation Visit

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

01

PATIENT TRANSFER FORM



Patient Name & UHID No. FDH-00045717 IP25-00020386 Baby B/O BHAGYA SRI . GOLLA 11-05-2026 0 Y 0 M 0 D 2 H (M) Dr. CHIGULLAPALLI SHRAVANTHI  Dr. Shrivanthi	Date & Time of Admission 11/5/26	Date & Time of Transfer Order 11/5/26 @ 10:50 AM
	Transfer Ordered by Dr. Snehanika	Reason for Transfer Post-op 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 give	40m
2.	vital checked	Done
3.	vit-k give	0.5ml
4.	Cord care done	(1)
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Dr. Snehanika 11/5/26 @ 10:50 AM	Name of Person Ordered Transfer Dr. Snehanika
---	--


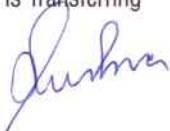
Patient & Clinical Records Received by :
 Maria
 11/5/26 @ 10:50 AM

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-00045717 IP25-00020386 Baby B/O BHAGYA SRI . GOLLA 11-05-2026 O Y O M O D 2 H (M) Dr. CHIGULLAPALLI SHRAVANTHI 		Date & Time of Admission 11/5/26	Date & Time of Transfer Order 11/5/26
		Transfer Ordered by Dr. Poorna	Reason for Transfer New Born Case
From Unit MICU	To Unit Ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File -	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 type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Poorna	
Patient & Clinical Records Received by : Rupsa			
Date & Time of Patient Received : 11/5/26 @ 6pm			

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



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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.

Your baby will receive the test below.

Auditory Brainstem Response test (ABR). This test will not hurt your baby. Most babies sleep through the test. Special sensors are placed on your baby's skin. A soft rubber earphone sends a series of quiet sounds into your sleeping baby's ear. The sensors measure the response of your baby's hearing nerve. These responses are recorded and stored in the screen. 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-00045717 IP25-00020386
 Baby B/O BHAGYA SRI . GOLLA
 11-05-2026 0 Y 0 M 1 D (M)
 Dr. CHIGULLAPALLI SHRAVANTHI



Signature of Parent/Legal Guardian

Date

12/5

In case if the result shows any abnormality 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 results will be provided to your baby's doctor. Please be sure you make the appointment for rescreening on _____

G. Sarat Srinivay
Signature of Parent/Legal Guardian

Date

12/5

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Age : 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 Bhagya Sri Golla Mother's Blood Group : O +ve
 Gender : M F Blood Group :
 Date of Birth : 11/5/2026 Time of Birth : 9:45 AM Birth Weight (gms) : 3.266 Kg Length (cms) :
 Place of Birth : Rainbow, FD OFC (cms) :
 Estimated Gesth Age : 37+1 wk

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32y Ht : 150 Wt : 86 BMI : Married Life : LMP : 28/8/25 EDD : 31/5/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : 6+5 weeks AN Steroids Drugs / Doses : Nil
 Last Scans Details : (9/5/26) - SLIUF @ 36+5w, cephalic, AFI = 32.4, EPW = 32.9
Placenta: P/H, Doppler M. Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> >35yrs <u>NT</u> Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No <u>TIFFA</u> } <u>(N)</u> If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 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 / Redistribtion in MCA) / Ductus Venosus : AFI : <u>32.4 ↑ (polyhydramnios)</u>	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>∴ 8+12 weeks on T. Thyronorm 25mcg</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 :
--	--

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

PAST OBSTETRIC HISTORY

G: 3 P: 1 A: 1 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1.	5y	term	4.2kg	♀	LSCS (fetal tachycardia)	
2.	2023	20 SWKS	MERPC	HPB	SRPC	Unplanned Pregnancy
3.	current	pregnancy				

PERINATAL HISTORY

Treating Obstetrician : Dr. Pujitha Hospital : Rainbow, SD 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 : <u>Prev. LSCS Polyhydramnios</u></p> <p>Specify the reason : <u>B.I.L.</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 : 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
TOTAL	<u>8/10</u>	<u>9/10</u>	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of Present Illness:

A term, single, male baby
was delivered via E.D. LSCS

↓
Cried immediately after birth

↓
Routine care given
INS vitamin K Inj / Instat given

↓
Developed respiratory distress (Downe: 3/10)
after 5 mins, target saturation achieved

↓
Put on Rami cannula (DR CPAP)
for 10 mins

↓
Respiratory distress improved

↓
Shifted to Mother's side on room
air.

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

WNL

VITALS : Temperature : 36.5°C HR : 160/min RR : 44/min NIBP : 60/42 mmHg CFT : < 3sec

Color of the extremities : Pink

Jaundice : - Pallor : - SpO2 : 97% RA

Anthropometry : Birth Weight : 3.266 Kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies :
(Any Facial
Dysmorphism) **NAD**

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

EYES : Symmetry :
Red Reflex : **→ to do at 24 HOURS**
Discharge :

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

**THORAX and
BREASTS :** Shape of Thorax : **NAD**
Position of Nipples and Number :

**ABDOMEN and
UMBILICUS :** Shape :
Organomegaly : **NAD** **2 U/A + 10V (+nt)**
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITILIA : Labia / Hymen : **Normal, male genitalia**
Testicles/penis : **B/c testes descended**
Anus :

HERNIAL ORIFICES **(N)**

TRUNK and SPINE : **(N)**

SKIN LESIONS : **(N)**

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 44/min SCR / ICR / See - Saw breathing : CRP → settled.

Scoring of respiratory distress if present (Silverman or Downe's) : 3/10 → settled.

Mention if baby is on : Hood box CPAP Ventilator

Settings : 21% FiO2 (Ram's cannula x 10 mins) 5 Lit PEEP.

Spo2 : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 160/min BP : 60/42 mmHg Precordial Activity : XAD

Femoral Pulses : (N) Murmurs : (-)

Other Peripheral Pulses : (N) Signs of Cardiac Failure : (-)

Abdomen :

Shape : (N) Hernia orifice : (N)

Palpation : (N) Anal Patency : → patent

Palpable masses : (N) Umbilical Cord : 2UA, 10V (+)

Abdominal girth : (N) First urine passed : - Passed

Meconium passed : - not passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : (N)

Prechtle Score : (N)

Nerves :

(N)

Motor System :

Passive Tone : (N)

Active Tone : (N)

Neonatal Reflexes : (N)

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : (N) symmetrical complete DTR : (N)

ATNR : (N) Skull and Spine : (N)

Any Congenital Anomalies :

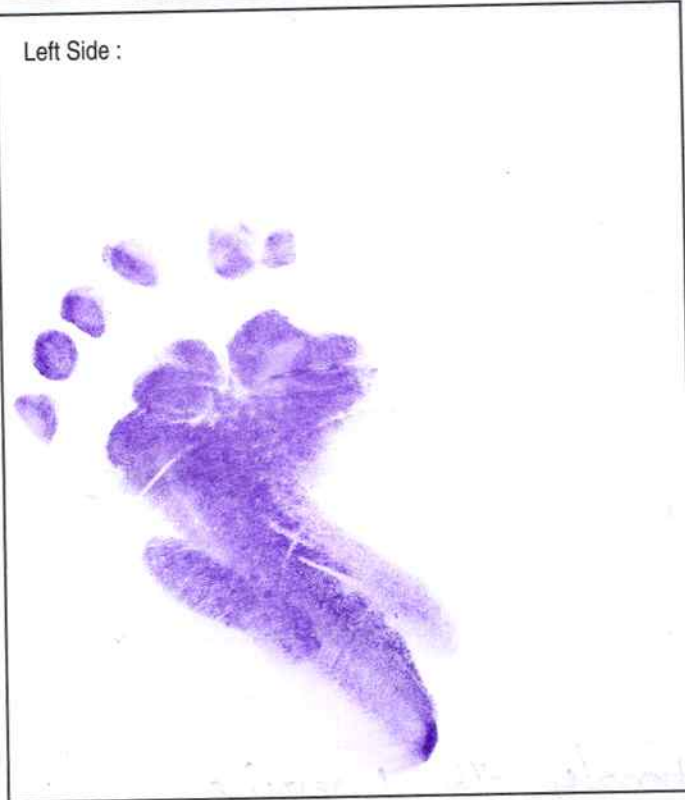
NA

Diagnosis :

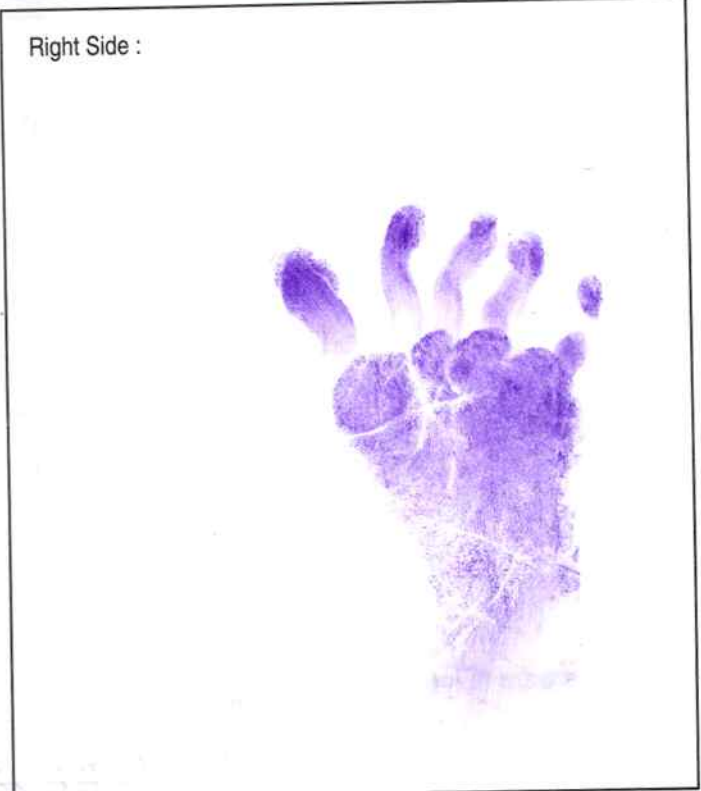
Term / EL US / AQA / Mch / CIAB / TTNB /
Polyhydramnios / Hypothyroidism-mother.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

[Signature]

Name :

Dr. Suresh

Date & Time :

11/5/26, 9:55 AM

Consultant :

L

Signature :

[Signature]

Name :

Dr. Sheavanthi

Date & Time :

11/5/26 @ 1:50 PM

PLEASE FILL UP THE FOLLOWING DETAILS

- Name of the referring Doctor :
- Name of the referring Hospital :
Address :
Contact Numbers :
- Contact Details of the referring Doctor :
Mobile No. : E-mail ID :
- Name of the Doctor in Rainbow Team : *Dr. Sheavanthi*

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

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

R

- 1) DBF 2 hourly ABG monitoring
- 2) Oesophageal patency checked by & confirmed by passiv NOG Auscult bilaterally
- 3) OAE, Red reflex, Vaccination today
- 4) SBR, NBS @ 48HOL.

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



①



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	Review	
18:15	37+11/40, AUA, Feeding	FHR, NUS
	O/E @ exam	
	Mum voids today/tomorrow	
	OAE tomorrow	
	NBS - 5:52 after 4:40	
	Trace baby blood group.	
12/5/26	Ward 5. Shraavanthi	
09:30	37+11/40, AUA, 2:30	
	LW - 5:58	
	NBS - 5:9 parents present - NUS	
	O/E @ exam	
	Mum regular feeding.	
	OAE, normal - red reflexes to do	
	NBS tomorrow	

Noted by *[Signature]* 12/5/26

FDH-00045717 IP25-00020386
 Baby B/O BHAGYA SRI . GOLLA
 11-05-2026 0 Y 0 M 0 D 11 H (M)
 Dr. CHIGULLAPALLI SHRAVANTHI



CONGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5	S/B. <u>Dr. Vinodha (LC) (PT)</u>	
	Breastfeeding counselling given	2
12/5/26		
4:30 PM	<u>Chis Dr. Sujal</u>	
	on DBF	
	allergy test w	
	CIT 12 hrs	
	Don't start per 4	
		pl
		- cut DBF
		- vacutainers
		- put after 12 hrs
		- AT - Today
	TUSK → 11 → noneed	- SBR, NSS @ 11 AM
	for blood in the morning	1 GAS
	If TUSK < 4	Noted by Nandini
	→ SBR + NSS @ 10 am	4:30 PM Noshay

(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26	wonder shrawanthi	
1000	37 11/40, AUA, 15.89g, WTR	
	TUS 2-72.2 on DSAT	
	OIR @ exam present	
	DSAT 2.5g	
	Reduce weight	
	If weight < 700g -> start formula top up	
	Continue DSAT overnight	
	A loss - 9%	
13/5/26 1030	Chills observed	Noted by Anurag 11am
	↓ DPI	
	on nifed, feel	
	adaptor fed in	
	CIT 1.5	
		M at DPI at DSAT 1.5 - SRR, NB, @ 11am can

Noted by



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26	w/ndle over	
10/5	gained wt	
	5.3m - 8.3	↓ 2.5 PT.
	alt @ exam	
	Plan - Discharge today	
	AW on Saturday	
		d
		E