

DISCHARGE SUMMARY

It takes a lot to treat the little.

Name	B/O POOJA SURESH MISHRA	UHID	FDH-00045758
Father/Guardian	Mr MANISH KUMAR JHA	Age/Gender	0 Y 0 M 3 D/ Male
Address	..., Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020461	Admission Date	15-05-2026
Ref Doctor			
Discharge Date	16-05-2026		

Consultant:

Dr. Shravanthi Chigullapalli

MBBS, MRCPCH CCST (UK) PGDCH

Consultant Pediatrician & Neonatologist

Reg.No: 50553

DIAGNOSIS

UNCONJUGATED HYPERBILIRUBINEMIA

History: B/O POOJA SURESH MISHRA, is a 3 Days, old baby boy presented with history of yellowish discolouration of skin and eyes since 1 day prior to admission. For the above complaints, he was investigated on OPD basis (Transcutaneous bilirubin was 14.1 mg/dl). In view of hyperbilirubinemia, he was admitted to Rainbow Children's Hospital, Financial District for further management.

Birth history:

LATE PRETERM / AGA / SPONTANEOUS VAGINAL DELIVERY / PPROM /



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MSL GRADE 1 / BABY BOY / CIAB / PROBABLE SEPSIS
INFANT OF DIABETIC MOTHER

Mother's Blood group is "B" positive. Baby's blood group is "A1" positive.

Examination: He was euthermic. Maintaining saturations at room air. Heart Rate- 146/min, Blood pressure was 70/40mmHg and Respiratory Rate - 46/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on admission : 2.636 kilo grams.
Weight at discharge : 2.605 kilo grams.

Investigations: Enclosed reports.

Management: He was admitted in ward. His Transcutaneous bilirubin on admission (done on OP basis) was 14.1 mg/dl. He was started on double surface phototherapy. Baby was continued on demand breast feeds + measured feeds. His serum bilirubin levels were regularly monitored which showed decreasing trend. Last serum bilirubin on 4 day of life was 5.9 mg/dl with indirect fraction of 5.8 mg/dl. This does not come under phototherapy range, hence phototherapy was stopped.

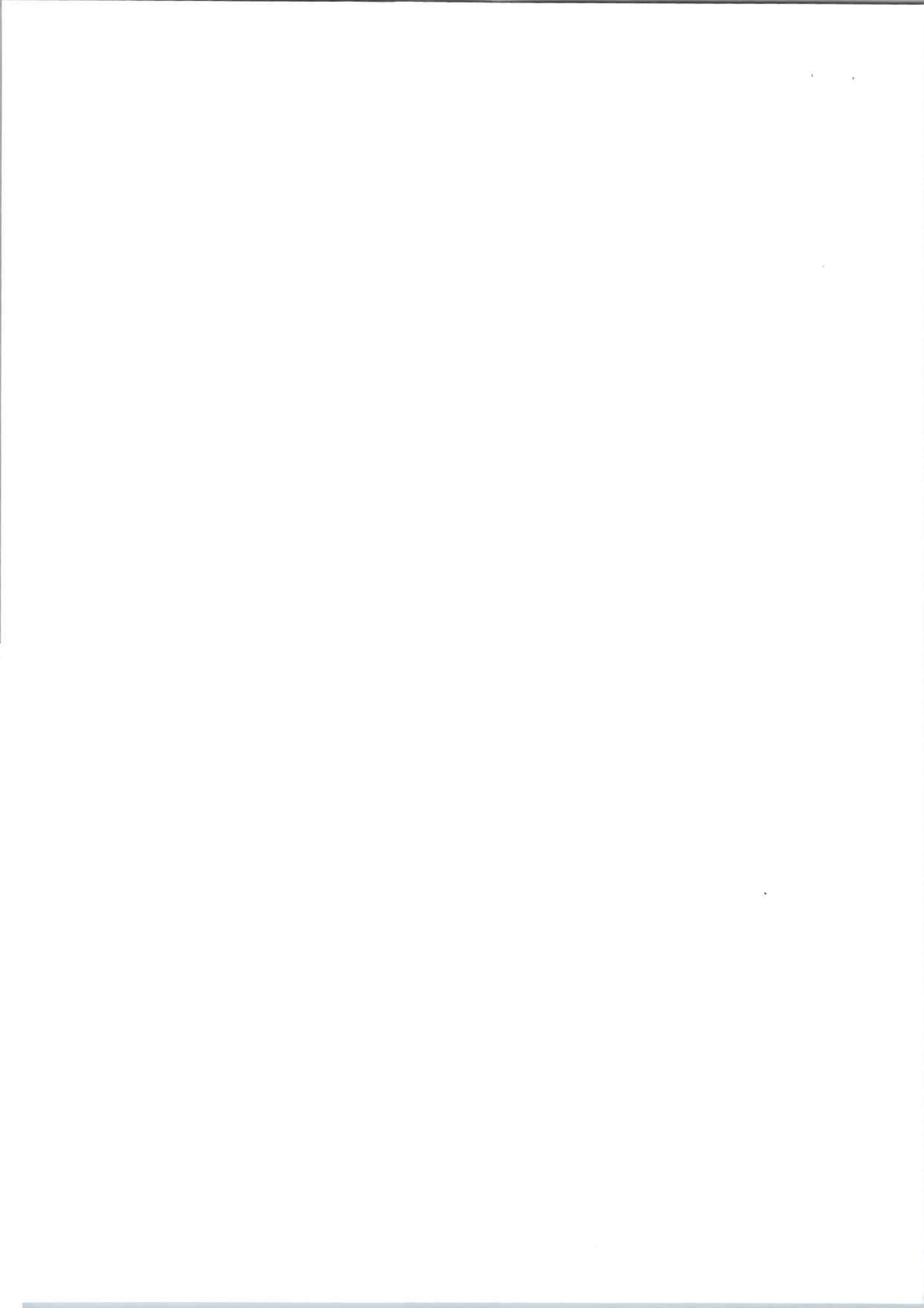
He remained hemodynamically stable and is being discharged with the following advice.

At the time of discharge : Baby was active, afebrile, hemodynamically stable, maintaining temperature, accepting & tolerating feeds well.

Advice:

Warmth care.

Continue direct breast feeds + measured feeds (30 to 35ml 2nd hourly) as



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advised.

Burping after each feed.

Monitor urine output.

Immunization to be given as per schedule.

Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice.

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

Plan:

- 1. Serum bilirubin to be decided on follow up.**

Review consultation with Dr. CHIGULLAPALLI SHRAVANTHI, on Tuesday -----
---- in OPD at Financial District with prior appointment **(Review consultation will be charged).**

Review back to Hospital:

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

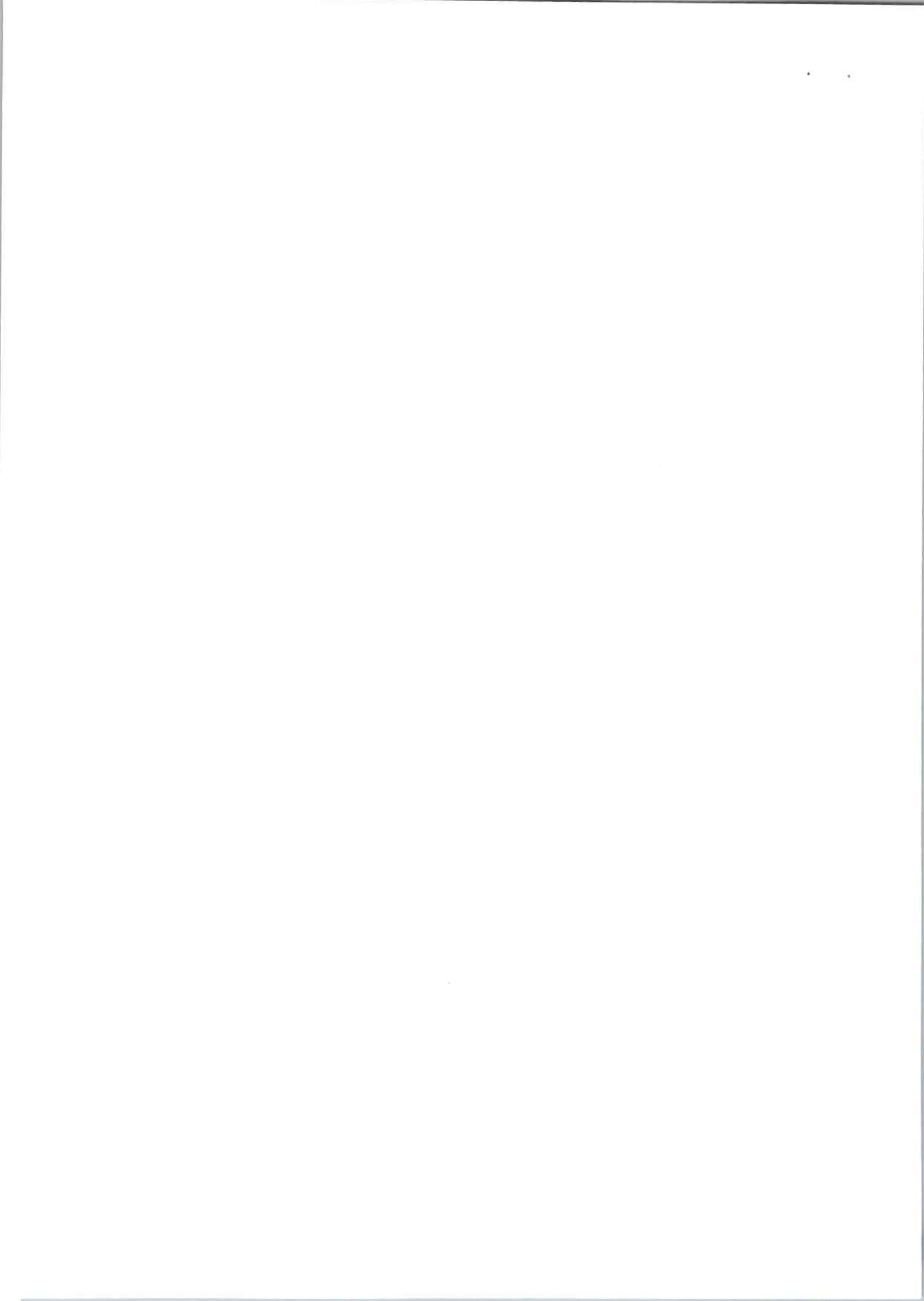
The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.


Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Financial District /**





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IP No	IP25-00020461	Admission Date	15-05-2026

Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikramপুরi / 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

Consultant:

Dr. Shravanthi Chigullapalli

MBBS, MRCPCH CCST (UK) PGDCH

Consultant Pediatrician & Neonatologist

Reg.No: 50553

10/10/10

10/10/10

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ADMISSION SHEET

Registration Details :



Admission No : IP25-00020461 Admit Date : 15-May-2026 Admit Time : 01:26 PM UHID : FDH-00045758

Patient Details :

Patient Name : Baby B/O POOJA SURESH MISHRA Age : 0 Y 0 M 3 D
Guardian : Mr MANISH KUMAR JHA DOB : 12-05-2026 09:14 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : .. Hyderabad Hyderabad Telangana INDIA Phone No : 8106321222
500001 E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT-334 Ward Name : 3F -PRIVATE ROOM
Room No : PVT-334 Admission Type : First Visit

Contact Details :

Name : Mr MANISH KUMAR JHA Relationship : Father
Contact Address : .. Hyderabad Hyderabad Telangana INDIA Phone No : / 9075354752
500001

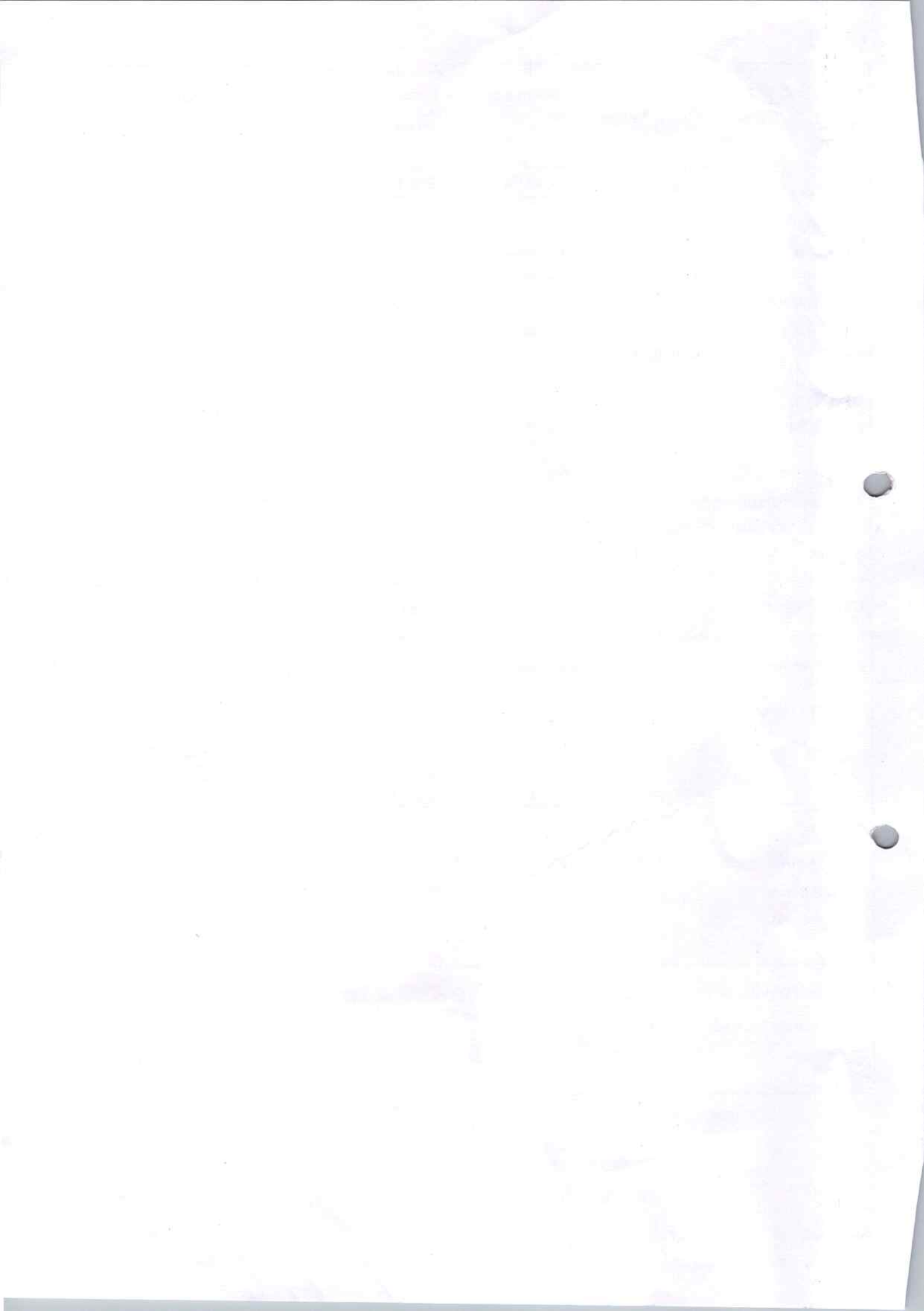
Manish
Signature

Doctor Details :

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

Payment Details :


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



ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : ----- IP No : ----- Dept : -----
 Date of Admission : ----- Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

DH-00045758 IP25-00020461
 Baby B/O POOJA SURESH MISHRA
 12-05-2026 0 Y 0 M 3 D (M)
 Dr. CHIGULLAPALLI SHRAVANTHI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/05/26	2:05pm	ER	339	Balaran

Cross Consultation Visit

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



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: NNS	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
BACKGROUND	Area	15/5/26 E	15/5/26 N				
	Shift Time						
	Medical Condition (Any special condition to be noted):	NNS	NNS				
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	
	Vital Signs:	Temp:	98°F	98.3°F			
		Res:	40b/m	41b/m			
		SpO ₂ :	100%	98%			
		Pulse:	128	130			
		BP:	76/42	-			
		Fall Risk Score:	0/10	0/10			
Pain Score:	0/10	0/10					
Recommendations	Safety Needs:						
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	
	Others Specify:						
	Special Diet:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	
	Other Special Orders / Medications:		-				
Post Operative Procedure Special Orders:			-				
Handed Over By Name :		neha	Parvaneh				
Signature :							
Date:		15/5/26	16/5/26				
Time:		@8PM	@8Am				
Taken Over By Name :		Parvaneh					
Signature :							
Date:		15/5/26					
Time:		@8pm					

Patient Sticker

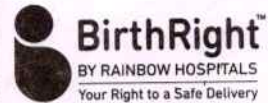


NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND	Area							
	Shift Time							
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Tubes/Drains/Catheter:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
Fall Risk Score:								
Pain Score:								
Recommendations	Safety Needs:							
	Physiotherapy	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Others Specify:							
	Special Diet:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Special Orders / Medications:							
	Post Operative Procedure Special Orders:							
	Handed Over By Name :							
	Signature :							
	Date:							
	Time:							
	Taken Over By Name :							
	Signature :							
	Date:							
	Time:							

FDH-00045758 IP25-000204:1
 Baby B/O POOJA SURESH MISHRA (M)
 12-05-2026 0 Y 0 M 3 D
 Dr. CHIGULLAPALLI SHRAVANTHI



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O POOJA Suresh Mishra Mother's Name: POOJA Suresh Mishra

Date of Birth: 12/5/26 Time of Birth: 9:14 AM Gender: Male Female

Birth Weight: 2.794 Kgs HC: cm Length: cm

Meconium in Liquor: Yes No Cried at Birth: Yes No

Term / Pre-term / Post-term:

Resuscitated: Yes No Blood Group: Mother: B+ve Baby: A+ve

Feeding: Breast Feeding Formula Both First Feed Time: 12/5/26

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication:

Physical Assessment of New Born:

Temp: 37 °C HR: 128.6 /Min RR: 40.6 /Min BP: 70/42 mmHg SpO₂: 100%

Pain Score: (Follow N Pass)

Fall Risk Assessment: Yes No Score: (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: yellowish discoloration of the skin

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

Vitamin K 1 mg I.M 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: neha

Signature: [Signature]

Date & Time: 15/5/26 2:15 PM

NURSING DEPARTMENT
NEVADON - NURSING ASSESSMENT FORM

Patient Name: _____
 Room No: _____
 Date: _____
 Time: _____
 Nurse: _____
 Signature: _____

1. General condition of the patient: _____
 2. Vital signs: _____
 3. History of present illness: _____
 4. Past medical history: _____
 5. Family history: _____
 6. Social history: _____
 7. Review of systems: _____

8. Physical examination: _____
 9. Diagnostic tests: _____
 10. Assessment: _____
 11. Nursing diagnosis: _____
 12. Nursing interventions: _____
 13. Evaluation: _____
 14. Signature: _____
 15. Date: _____



EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Pooja Age : 3 D Gender: Male Female

Date : 15/05/26 Time of Arrival : 1:10 pm

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): Not known

Source of Information: Parents Others (Specify):

Mode of Arrival: Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 98.5 F PR: 140b/m BP: 70/40 RR: 40b/m SpO₂: 100%

Chief Complaints: epo yellow discoloration of skin (TCBR-14.1 mg/dl)

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance	Work of Breathing	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	
Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Manish
 Signature of Parent / Guardian

Triage Completion Time : 1:10 pm

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location:
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Balaran

Signature of Triage Nurse : [Signature]

Date & Time : 15/05/26 @ 1:13 pm

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FDH-00045758 IP25-00020461
 Baby B/O POOJA SURESH MISHRA
 12-05-2026 0 Y 0 M 3 D (M)
 Dr. CHIGULLAPALLI SHRAVANTHI
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15/05/26 Time of arrival : 1:10 pm

Chief Complaints : ow yellow discoloration of skin (T.B.R-14.1mg/dl)

Height : Weight : 2.636 Kg Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Pain Screening: Yes No If Yes, Pain Score: Pain Tool Used: N Pass FLACC Wong Baker

Character Location Frequency Duration

RISK FOR FALL:
 If patient is < 6 years Yes No
 If 'Yes' tick below fall risk intervention directly
 If Patient is > 6 years
 If 'Yes' Assess the below parameters
 History of Falling: within past 3 months Yes No
Ambulatory Aids:
 • Wheelchair Yes No
 • Uses furniture for support Yes No
Gait/Transferring:
 • Bedrest / immobile Yes No
 • Weak Yes No
 • Impaired Yes No
Mental Status: Forgets limitations Yes No

Functional Screening: No Abnormalities Detected
 Mobility Problem
 Walking Problem
 Developmental Delay
 Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected
 Underweight
 Overweight
 Feeding Problem
 Special diet
 Special feeding method

Inform consultant for positive criteria

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:
 Escort while ambulating
 Assist Patient
 Educate patient and family on fall precautions/prevention

Psychological Screening: No Significant Findings
 Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With parent

Siblings in household Yes No (if yes How Many?)

Time of Initial assessment completed by ER Nurse : 1:15 pm

Nursing Care Plan (Including Labs / Medications / Other Care):

Time	Nursing Notes
1:10pm	Assess the pt condition Inform to duty Doctor

Samples collected by:

Time:

Samples sent by :

/ NIL

Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
/					

Condition of patient at time of shift - out :	Details of Shift - out
HR: 128bpm BP: 80/42 (99) CFT: 12sec RR: 40bpm SPO2 at FiO2: 100% GCS: 15 Temperature : 98°K Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: 334 Time of Shift - out: 2205pm Handover given to: (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

NIL

Name of the Nurse : Arjan

Signature of the Nurse : [Signature]

Date & Time : 15/5/20 @ 2205pm



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

IP25-00020461
Baby BIO POOJA SURESH MISHRA
12-05-2026 0 Y 0 M 3 D (M)
Dr. CHIGULLAPALLI SHRAVANTHI



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: Mother Relationship Reliable

Chief Presenting Complaints & Duration (Chronologically)

A 3 day old MCH came to ER w/ c/o
 yellowish discoloration of skin
 ∴ ① dy

History of present illness :

D_{30L} - TCB_r = 14.1 mg/dL

NO BIND features

V } family adequate
 S }

B.Wt → 2.79g

F.Wt → 2.636

3.77 . wt loss

Mother B_G - B_{POS}

Baby B_G - A_{POS}

PPROM - ? probable signs → had a seizure
 umbil blood c/o - Nept IV (As¹¹)

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

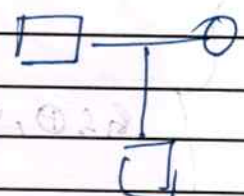
Late PT	AGA	SVO	PPROM	MCI - Grade 2	MCh	CSMB
				probable sign		IDM

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____



Developmental History :

Developmentally @

Immunization History :

Birth Vaccines Not given

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 2.63 (Centile _____)

On Examination :

Temperature : 36.5°C Pulse Rate : 146 bpm B.P. _____ SPO2 _____
Resp. rate and type of breathing : 46/min

Rash _____
Lymphadenopathy _____ } 0
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : _____ } B/LC/E, clear
Any added sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : _____
Heart Sounds : _____ } S1, S2, M0
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : _____ } soft
Auscultation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : awake

Cranial Nerves : _____

Motor System:

Nutriton : _____ *good*

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements: _____

Reflexes : _____

DTR

Plantars _____

Superficials:

Sensory System : _____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

NNS

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: kevicels

Desired goals of the treatment: H. Stability

Planned Labs:

SBR
- DCF
CM @ 6 Am

Planned Management

Admic

- Admit to ward
- Start DSPT
- CT OBR + measur
feeds goal Q 2h
- KBW
- Vaccines today
BCh, HepB, ORV
- ⊕ NRS

Signature of the Doctor: [Signature]
Name of the Doctor: Dr. Lahn
Date & Time: 15/08/2021

Signature of the Consultant:
Name of the Consultant:
Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/2026		
4 pm	c/o/B Dr. Unnati	
	D: Neonatal Jaundice	
	- Day admission	
	- GC: Avg	
	- CRTR 350	
	to DSPT	
	vitals	Plan
	HR: 140/min	- DSPT to continue
	RR: 42/min	- DBF - measured feeds (30ml)
	Temp: 36.5°C	2 hourly
	SpO2: 98% RA	- SBR, DC T/m 6 AM
		[Signature]

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 Baby B/O POOJA SURESH MISHRA
 12-05-2026 0 Y 0 M 3 D (M)
 Dr. CHIGULLAPALLI SHRAVANTHI



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5	Clst/3 Arteries	
9am	↓ NWJ	
	7% wt loss	
	on DBF	
	↓ DSPT	
	Cl-IA good	
	MA SOP	
		M
		① DBF @ 24
		② DSPT to cont
		③ ⊕ SBK
		DCT
		5-9-16
		Discharge today
		Wed

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..... ^{NNT}
Nursing Diagnosis..... yellowish discoloration of the skin
Plan of Care.....
Planned Investigations Procedures.....
Implementation.....

Handwritten signature and initials
5/5/26 @EPM

Handed Over by : Name & Signature

Received by : Name & Signature

Night Shift

Clinical Diagnosis..... ^{NNT}
Nursing Diagnosis..... yellowish discoloration of skin
Plan of Care..... To assess baby condition, To monitor vital signs, To maintain Ifo chart, To continue DSPT.
Planned Investigations Procedures..... SBR, PCT @ 6 AM.
Implementation..... Assessed baby condition, Monitored vital signs, Maintained Ifo chart, Continued DSPT.

Handwritten signature
Dahore EPM

Handwritten signature and initials
Dahore 16/5/26 @EPM

Handed Over by : Name & Signature

Received by : Name & Signature

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.....

Nursing Diagnosis.....

Plan of Care

Planned Investigations Procedures

Implementation

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



NURSES NOTES
 (USE BALL POINT PEN ONLY)




No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Evening Duty notes</u>
15/5/26	2:10 PM	Hand over taken from ER staff → Assessed the Baby condition
	2:40 PM	DSPT started at @ 2:40 PM
	3 PM	Every 2nd hourly feeding.
	4 PM	Monitored vital signs & Recorded
	5 PM	Maintained I/O chart.
	6 PM	SBR, DCT Tomorrow @ 6 AM
	8 AM	Hand over given to night duty staff.
		Roha 15/5/26 @ 8 PM
15/5/26	8 PM	<u>Night notes</u>
		Assessed baby condition.
		Monitored vital signs
		Maintained I/O chart.
		Given feedings every 2nd hourly.
		Continued DSPT.
		Sent SBR, DCT to lab, reports to trace.
	8 AM	Handover given to morning staff.
		Roha 16/5/26 @ 8 AM.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00045758 IP25-00020461 Baby B/O POOJA SURESH MISHRA 12-05-2026 0 Y 0 M 3 D (M) Dr. CHIGULLAPALLI SHRAVANTHI 		Date & Time of Admission 15/05/26 @ 1:26pm	Date & Time of Transfer Order 15/05/26 @ 2:05pm
		Transfer Ordered by DR. Lahari	Reason for Transfer Admission.
From Unit ER	To Unit 339	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File - 14 -	Number of Imaging Films - X -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> office If yes, what? <i>frank</i>	
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 <i>Baloram</i>		Name of Person Ordered Transfer <i>DR. Lahari</i>	
Patient & Clinical Records Received by : <i>[Signature]</i> 15/5/26 @ 2:15pm			
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

DATE

ATTENT NUMBER

ATTENT NUMBER

ATTENT NUMBER

ATTENT NUMBER

ATTENT NUMBER

ATTENT NUMBER

ATTENT NUMBER

ATTENT NUMBER

ATTENT NUMBER

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Handwritten notes or signature