




ACTIVITY RECORD FOR BILLING

Name: -----




FDH-00045797 IP25-00020429

UHID No : ---- Baby B/O CHINNI SNEHA LAKSHMI Consultant : ----- Dept : -----
13-05-2026 0 Y 0 M 0 D 9 H (F)

Date of Admi  Date of Discharge : ----- Time: -----
Dr. CHIGULLAPALLI SHRAVANTHI

Room / Bed No. : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/5/26	12:30pm	OT	MICU	
13/5/26	12pm	MICU	ward(B)	
15/5/26	11AM	ward(B)	Billing	

Cross Consultation Visit

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

PATIENT TRANSFER FORM

FDH-00045797 IP25-00020429
Baby B/O CHINNI SNEHA LAKSHMI
13-05-2026 0 Y 0 M 0 D 9 H (F)
Dr. CHIGULLAPALLI SHRAVANTHI



Date & Time of Admission 13/5/26 @		Date & Time of Transfer Order 13/5/26 @ 12:32 pm
Treating Consultant Name Dr. Sravanthi	Transfer Ordered by Dr. Lahari	Reason for Transfer New borne 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 —	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.	Vit - K	0.5ml
2.	warm care	30min
3.	Vitals.	done
4.	card clamp	1
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Varehale	Name of Person Ordered Transfer Dr. Lahari
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Patient & Clinical Records Received by : Subhasini

Date & Time of Patient Received : 13/5/26 @ 12:30 pm

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

Handwritten text, possibly a name or title, located in the upper left quadrant.

Handwritten text, possibly a name or title, located in the upper right quadrant.

Handwritten text, possibly a name or title, located in the middle left quadrant.

Handwritten text, possibly a name or title, located in the middle right quadrant.

Handwritten text, possibly a name or title, located in the center of the page.

Handwritten text, possibly a name or title, located in the lower left quadrant.


Handwritten text, possibly a name or title, located in the lower right quadrant.

Handwritten text, possibly a name or title, located in the bottom left quadrant.

Handwritten text, possibly a name or title, located in the bottom center.

Handwritten text, possibly a name or title, located in the bottom right quadrant.

PATIENT TRANSFER FORM

FDH-00045797 IP25-00020429 Baby B/O CHINNI SNEHA LAKSHMI 13-05-2026 OYO M O D 9 H (F) Dr. CHIGULLAPALLI SHRAVANTHI 		Date & Time of Admission 13/5/20 @ 12:18 PM	Date & Time of Transfer Order 13/5/20 @ 12 PM
Dr. SHRAVANTHI		Transfer Ordered by Dr. pooja	Reason for Transfer NBC
From Unit med	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 type="checkbox"/> No <input checked="" 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 Penela		Name of Person Ordered Transfer Dr. pooja	
Patient & Clinical Records Received by :			
Date & Time of Patient Received : 13/5/20 @ 12:30 AM			

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

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

11. 12. 13. 14. 15. 16. 17. 18. 19. 20.

21. 22. 23. 24. 25. 26. 27. 28. 29. 30.

31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

41. 42. 43. 44. 45. 46. 47. 48. 49. 50.

FDH-00045797 IP25-00020429
 Baby B/O CHINNI SNEHA LAKSHMI
 13-05-2026 OYO M O D 9 H (F)
 Dr. CHIGULLAPALLI SHRAVANTHI



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Chinni Sneha Lakshmi Age : 31y Father's Name : Age :
 Date of Birth : 19/9/1994 Date of Admission : UHID No. :
 NICU Consultant : Dr. Shrawanthi 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 Chinni Sneha Lakshmi Mother's Blood Group : O POS
 Gender : M F Blood Group : Birth Weight (gms) : 2386 Length (cms) :
 Date of Birth : 13/05/26 Time of Birth : 11:28 Am OFC (cms) :
 Place of Birth : RCH, FD Estimated Gesth Age : 36+2

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : Ht : Wt : BMI : Married Life : LMP 29/8/25 EDD : 5/6/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : SIWF @ 35 weeks, breech, placenta-fundus posterior, high
EFW - 2083 g, AC - 21, AF2, H.F.A., oligo, doplo
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs Breech
 Consanguinity : Yes No AFI
 If yes, degree of consanguinity : 1 2 3 -6cm
H/o PIH (after 20 weeks) / PE Oligohyd
 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 : P
 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 :
Type II DM :: 12+5 weeks
 Compliance with Rx :
 Scans : LGA, TIFFA , Fetal Echo :
H/o Hypothyroidism : when diagnosed ? Medication?
 Any other Chronic Medical Problems, when detected drugs ?
 (Anemia, SLE, Jaundice, CHD, Heart Disease)
 Infection : H/O, Fever
 (Malaria UTI TORCH TB HIV 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: 1 A: 0 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G ₁	9	204	NVD	Boy	2-1kg (Good on touch)	
G ₂	PP					

PERINATAL HISTORY

Treating Obstetrician : Dr. Kinnabinda 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 :</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>
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : 36¹/₂ 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
	8	9	9

TOTAL

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
pre heated warm
↓
CEAB
↓
Delayed cord clamping done
↓
C } good
T }
A }
↓
Inj vit k given

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

No gross congenital anomalies

VITALS : Temperature : 36.5 c HR : 152 bpm RR : 48/min NIBP : - CFT : < 3 sec

Color of the extremities : Acrocyanosis

Jaundice : ⊖ Pallor : ⊖ SpO2 : 97

Anthropometry : Birth Weight : 2386 Length : HC : Present Weight :

Ponderal Index : AGA : (AGA) SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(2)
Facies : (Any Facial Dysmorphism)		(2)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(2)
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 :	(2)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(2)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	(2)
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	(2)
HERNIAL ORIFICES		(2)
TRUNK and SPINE :		(2)
SKIN LESIONS :		(2)
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(2)

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 : *SCB, MO*

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice :

Palpation : Anal Patency : *(A)*

Palpable masses : Umbilical Cord : *WA + IW*

Abdominal girth : First urine passed : *at 10:30*

Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

..... *good*

.....

.....

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *the same* DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

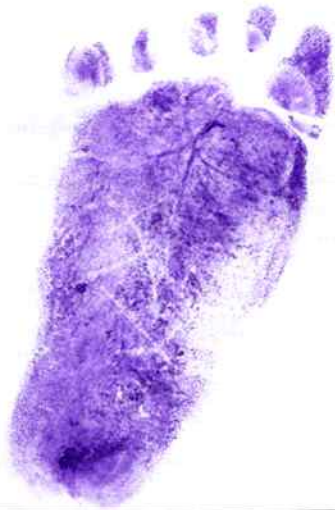
Diagnosis :

LPT (36 F²) / EP. US / BCOMP / AGR / FCN) 2386

(JDM)

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name :

Date & Time :

106.102
13/05/2026

Consultant :

Signature :

Name :

Date & Time :

Dr. Shrawan
13/5/26 @ 14:20

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 :

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

Dr. Shrawan

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
- check f/b temp

Plan during ward follow up :

- RR } @ 15 min
 NRS }
- @ 24 hr - @ 1 hr temp
- vaccination } c/m
 one }
- Antibiotic monitoring
 @ 1, 3, 6, 12, 24, 48 hr
 ↳ 60 - 70

Feeding Plan at the time of shifting :

- USG hip @ 3 weeks

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
13/5/26	Newborn in NICU	
14/5	36-40, LBW, BREAST	
	oligohydramnios, maternal	
	cross - 35 now	2-5 hours
	feeding.	2 hrs
	O/S parent present	received response.
	② ex on	hip XRD.
	per formula ready now	
	repeat cross after 1 hour	
	GA 1000 low < 50 + 1000 to	NICU
	- keep the baby warm	
	regular feeding.	
	Vaccines today / tomorrow	
	OAC + need to give tomorrow	
	NBS @ 4 & 40c	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order										
14/5/26		CSPB Dr. Umathi / Dr. Suman										
9:45 am	<p>SGE :- date preterm / PDM / AGIA / CBW / FCB / EL. USES - CSPB / breech.</p>											
	<p>On ABF + FF → feeding well passing urine / stools.</p>											
	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>M</td> <td>OP</td> <td>Bwt</td> <td>2.38kg</td> <td>✓</td> </tr> <tr> <td>B</td> <td>OP</td> <td>Twt</td> <td>2.30kg</td> <td>✓</td> </tr> </table>	M	OP	Bwt	2.38kg	✓	B	OP	Twt	2.30kg	✓	
M	OP	Bwt	2.38kg	✓								
B	OP	Twt	2.30kg	✓								
	<p>wf loss % 3.4% o/e :- Euthermic / Euglycemic o/T / A good</p>											
	<p>SGE - (A) neonatal examination</p>											
	<p>TBS 6.4</p>	<p>AFM USG hip @ 6 wks life.</p>										
	<p>alive / SPO2 / OAE</p>	<p>Vaccination / red reflex today.</p>										
<p><i>[Signature]</i></p>		<p>SGS / NBS @ 48 hrs continue GBS monitor as per protocol.</p>										



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 2:50 pm	class Dr Unnati	
	A's :- date preterm / SGA / APTA / LBW / Ref EI uses - class breach.	
	On DDF + FF → feeding well - passing urine / stools -	
	fe - enternic citra good -	
	fe - (10) medical examination -	
	vitals were hemodynamically stable	
	Red reflex	
		Plan USG up @ 6 weeks of life. Vitals / OAE / Vaccination today.
	Point A	SBr / NBS @ 48 hrs Continue GRBS monitoring as per protocol.
	15/5/26 2	N ~ Dr Shrivantini
	36 + 2 / 140, LBW 3.2 kg	
	wt 10.9, TCR 10.6 4.5 HbC. EMBs ok per head.	
	ole (2) exam	proceed + green
	Plan → NBS done.	

NBS / SBr on follow up
 Of today if mother of.
 USG up @ 6 weeks life. SBr breach.

NEWBORN HEARING SCREENING

Hearing screening was done using TEOAEs

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

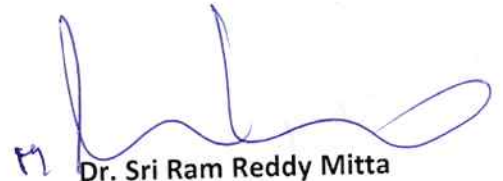
Left ear - Hearing screening results indicate **PASS** (presence of TEOAEs), suggestive of normal outer hair cell functioning.

Clap Screening: Pass

Recommendation –

Monitor communication development

Follow up if any hearing concerns exist.



Dr. Sri Ram 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.

