



Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits. Govt General Hospital Kda, Vishakhapatnam, Andhra Pradesh, INDIA, 530040.
TEL NO : 891-3501601
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023352 Admit Date : 22-Jun-2026 Admit Time : 05:21 PM UHID : HCV-00040876

Patient Details :

Patient Name : Baby B/O P MANISHA SRI LAKSHMI Age : 0 Y 0 M 4 D
Guardian : Mr HEMANTH DOB : 18-06-2026 09:19 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : Govt Diary Farm Vishakhapatnam Andhra Pradesh INDIA 530040 Phone No : 7730038688/
E-mail : no@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PRI 302 Ward Name : 3F-THIRD FLOOR
Room No : PRI 302 Admission Type : First Visit

Contact Details :

Name : Mr HEMANTH Relationship : Baby/O
Contact Address : Govt Diary Farm Vishakhapatnam Andhra Pradesh INDIA 530040 Phone No :

X. Kumf
Signature

Doctor Details :

Doctor Name : Dr. TIRUMALASETTY PARAMESH Specialisation : GENERAL PEDIATRICS
Referral Doctor : GOOGLE 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
 Date of Admission :
 Room / Bed No :
 HCY-00040878 IP22-00023352
 Baby B/O P MANISHA SRI LAKSHMI
 18-08-2026 0 Y 0 M 4 D (M)
 Dr. TIRUMALASETTY PARAMESH
 : Dept:
 of Discharge: Time:
 sted Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/06/26	6:25pm	ER	3 rd floor	A. B. h. l.

Cross Consultation Visit

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



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : P. Manisha Srs Age : Father's Name : Age :
 Date of Birth : Date of Admission : I.P. No.:
 NICU Consultant : Dr paramish 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 Manisha Srs Lakshmi Mother's Blood Group : A +ve
 Gender : M F Blood Group : O +ve Birth Weight (gms) 2.642 kg, Length (cms) :
 Date of Birth : 18/6/26 Time of Birth 9.19 am OFC (cms) :
 Place of Birth : Rch. w2g. Estimated Gesth Age : 37w + 3 d.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29y Ht : Wt : BMI : Married Life : LMP : EDD :
 Conception : Spontaneous or with Rx. :
 Booked at what GA. : AN Steroids Drugs / Doses :
 Last Scans Details : persistant Lt Svc
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 / RDDF / Redistribution in MCA) / Ductus Venosus : AFI :</p>	<p>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? 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 :</p>
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :

PAST OBSTETRIC HISTORY

G: 2 P: A: L: 21

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details

PERINATAL HISTORY

Treating Obstetrician : 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 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 RESUSCITATION DETAILS

APGAR SCORE

Gestational Age : Weeks :

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	<100 / Minute	> 100 / Minute
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

Resuscitation			
Minutes	1	5	0
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOP1:

- D4 of age.

e/o Restricted movement at hip joint.

O/E

Baby is alert.

yellowish discoloration ⊕ till palms & soles

usg - Immature hips on both sides, but appropriate for age [Gray's type-II at].

TSSB - 18.4 mg/dl.

BW - 2.642 kg

CW - 2.53

wt loss - 4.3%.

Investigation details in previous Hospital:

Feeding History:

DBI.

Past History :

Handwritten notes in Past History section, including a circled 'D' and some illegible text.

Family History :

Handwritten notes in Family History section, including a circled 'D' and some illegible text.

Socio Economic History :

Handwritten notes in Socio Economic History section, including a circled 'D' and some illegible text.

GENERAL EXAMINATION ON ADMISSION

General Description :

ery low Activity - Normal

VITALS : Temperature : *(N)* HR : *132/min* RR : *35/min* NIBP : CFT : *<3 sec*

Colour of the extremities : *yellowish*

Jaundice : *(+)* Pallor : SpO2 : *99% @ h.o*

Anthropometry : Birth Weight : *2.642* Length : HC : Present Weight : *2.53*

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

HEAD TO TOE EXAMINATION

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

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 35/min 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 : 99% @ RA Auscultation : B/L A&E ⊕ Breath Sounds : NVRS Added Sounds :

Cardiovascular System :

HR : 132/min BP : Precordial Activity :

Femoral Pulses : J ⊕ Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Hernial orifice :

Shape : N Anal Patency : present

Palpation : soft Umbilical Cord :

Palpable masses : First urine passed : present

Abdominal girth : Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : / N

Prechtl Score :

Cranial Nerves :

N

Motor System :

Passive Tone : / N

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis : Dugly / Term (37+3) / AGA / Baby baby / persistent Left SVC / Neonatal jaundice

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor : Signature: [Signature] Name: [Name] Date & Time : 22/6/26 5pm

Consultant : Signature: [Signature] Name: P. Paramal Date & Time : 22/6/26

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 patients 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 :

- DBT @ 2nd hourly followed by burpy
- SSPT (single light)
- TSB tomorrow at 6 am

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :
Hearing Screen :
ROP :
TFT :
NP2 :
Pulse Oxymetry Screen :
New Born Screening :

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

HCV-00040878 IP22-00023352

Pati Baby B/O P MANISHA SRI LAKSHMI
18-08-2026 0 Y 0 M 4 D (M)

Age Dr. TIRUMALASETTY PARAMESH




I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26	10pm	c/s/B Dr Aditya / Dr Sree
		D = DG / Term / ACP / NNS / possible SVC / Neonatal grade
		SSPT
		c/t/a - (N)
		feed - DRF
		urine } ✓
		stool } ✓
		<u>Plan</u>
		1) Continue SSPT
		2) Repeat T&B tomorrow 2pm
		<i>Dr. Paramesh</i>
23/6/26	8am	c/s/B Dr paramesh / Dr Sree
		D = DG / Term / ACP / Neonatal grade / possible SVC
		↓ SSPT
		c/t/a - (N)
		feed - DRF
		urine } possible
		stool } ✓
		<u>Plan</u>
		- Continue SSPT
		- Repeat T&B today 2pm
		<i>Dr. Paramesh</i>

Noted by growth 8:05 AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PATIENT TRANSFER FORM

HCV-00040876 IP22-00023352 Baby B/O P MANISHA SRI LAKSHMI 18-06-2026 0 Y 0 M 4 D (M) Dr. TIRUMALABETTY PARAMESH 		Date & Time of Admission 22/06/2026 @ 5:21pm	Date & Time of Transfer Order 22/06/2026 @ 6:25pm
		Transfer ordered by Dr. Srevali	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital 3 rd Floor	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 18	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant Yes <input 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: Dr. Srevali			
Name and Signature of Person filling this part Aditi	Name of person ordering transfer Dr. Srevali	Name & Signature of Nurse Supervisor Dhanalake	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time 6:57pm			

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