



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 : IP22-00023314 **Admit Date** : 19-Jun-2026 **Admit Time** : 07:49 AM **UHID** : HCV-00040900

Patient Details :

Patient Name : Baby B/O REDDI NAVYA SRI	Age : 0 D
Guardian : Mr PRASANTH	DOB : 19-06-2026 06:54 AM
Gender : Female	Religion :
Occupation :	Martial Status :
Address (H) : Babametta Vizianagaram Andhra Pradesh INDIA 535002	Phone No : 9381920619/ 8885473472
	E-mail : no@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-DLX-205-1 **Ward Name** : 2F-SECOND FLOOR
Room No : CRDL-DLX-205-1 **Admission Type** : First Visit

Contact Details :

Name : Mr PRASANTH **Relationship** : Baby/O
Contact Address : Babametta Vizianagaram Andhra Pradesh
INDIA 535002 **Phone No** :


Signature

Doctor Details :

Doctor Name : Dr. TIRUMALASETTY PARAMESH **Specialisation** : NEONATOLOGY
Referral Doctor : SELF **Phone No** :
Co-Consultant :

Payment Details :

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

opr done on - 19/6/26
vaccination done - 19/6/26 }
Red Roblox done - 19/6/26 } DR. Balaji

ACTIVITY RECORD FOR BILLING

Name:----- HCV-00040900 IP22-00023314
 UHID No :----- IP No :----- Baby B/O REDDI NAVYA SRI 19-08-2026 0 Y 0 M 0 D 1 H (F) Dept.:-----
 Date of Admission :----- Dr. TIRUMALABETTY PARAMESH Discharge:----- Time:-----
 Room / Bed No :----- Ward :----- Billable bed type:-----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/6/26	10:30AM	NICU	205	<i>Ch...</i>

Cross Consultation Visit

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

HCV-00040900 IP22-00023314
Baby B/O REDDI NAVYA SRI
19-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. TIRUMALABETTY PARAMESH



Rainbow[®]
Children's
Hospital
It takes a lot to treat the little.

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Navya Mother's Name: Mrs. Navya

Date of Birth: 19/6/26 Time of Birth: 6:54 AM Gender: Male Female

Birth Weight: 2.854 Kgs HC: cm Length: cm

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

Term / Pre-term / Post-term: Term

Resuscitated: Yes No Blood Group: Mother: O+ve Baby:

Feeding: Breast Feeding Formula Both First Feed Time:

HCV-00037811 IP22-00023306
Mrs REDDI NAVYA SRI
13-10-1999 28 Y 8 M 5 D (F)
Dr. CHUPPANA RAGA SUDHA



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

Indication:

Physical Assessment of New Born:

Temp: 36.4°C HR: 146/nt /Min RR: 36/nt /Min BP: SpO₂: 100%

Pain Score: (Follow N Pass)

Fall Risk Assessment: Yes No Score: 11 (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:

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: Gujjo

Signature: [Signature]

Date & Time: 19/6/26



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Reddi Navya Sri Age 26y Father's Name : Prasanth Age :
 Date of Birth : 13-10-1999 Date of Admission : I.P. No. :
 NICU Consultant : Dr Paramesh 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 Reddi Navya Sri Mother's Blood Group : O+ve
 Gender : M F Blood Group : O+ve Birth Weight (gms) 2254g Length (cms) :
 Date of Birth : 19/6/26 Time of Birth : 6:54 AM OFC (cms) :
 Place of Birth : Rch Vizag Estimated Gesth Age : 38w + 3d

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 26y Ht : Wt : BMI : Married Life : 1 1/2 years LMP : EDD :
 Conception : Spontaneous or with Rx :

Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : 12/4/26 uphaco, fetal, AFI-9.6, EFW-13.23, doppler-normal, cervical length-2.5cm, cervical os closed 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 ? <u>H/o. Bxary deficiency (?Assthd)</u> (Anemia, SLE, Jaundice, CHD, Heart Disease) <u>Shes insured not on any medict.</u> 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: P: A: L:

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

PERINATAL HISTORY

Treating Obstetrician : Dr Raga Deaha Hospital : Rch V2g Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig) <u>NVD</u></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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitation : <input type="checkbox"/> Yes <input checked="" 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
	1	1	
	2	2	
	2	2	
	2	2	
TOTAL	9	9	9/10

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

.....

2

HOP1:

Baby cried. Immediately at birth



Dec slow after 60 sec.



Fi vit k only IM stat given



At 3 mins of life, baby had mild tachypnea, RR-65/min nasal flimsy ⊕



Delivery room CPAP given for 10 mins, Distress settled.



Baby stayed to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

C/T/A - Normal

VITALS : Temperature : \textcircled{N} HR : 128/min RR : 58/min NIBP : CFT : 23ms

Colour of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 100% @ ka

Anthropometry : Birth Weight : 2.854 kg Length : HC : Present Weight :

Ponderal Index : \textcircled{AGA} SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	Af - open (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) To be seen
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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) female external genitalia
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HERNIAL ORIFICES

TRUNK and SPINE :	
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SKIN LESIONS :

EXTREMITIES :	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 : 55/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 : 98% @ Ra Auscultation : B/L AEC+ Breath Sounds : NVR Added Sounds :

Cardiovascular System :

HR : 123/min BP : Precordial Activity :

Femoral Pulses : Murmurs :

Other Peripheral Pulses : + Signs of Cardiac Failure :

Abdomen :

Shape : N Hernial orifice :

Palpation : soft Anal Patency : patent

Palpable masses : Umbilical Cord : 2A+1V

Abdominal girth : First urine passed : not passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : N

Prechtle Score :

Cranial Nerves :

N

Motor System :

Passive Tone :

Active Tone : N

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

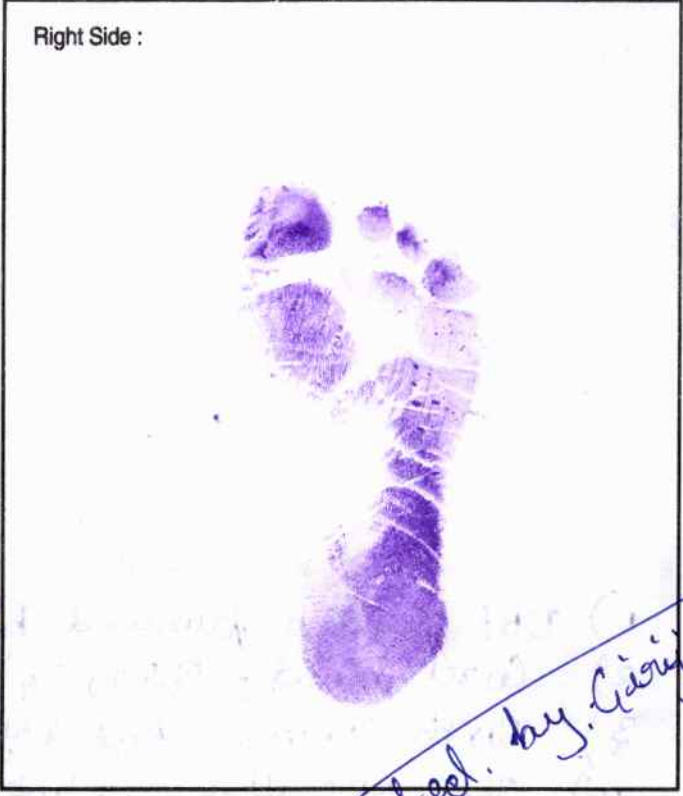
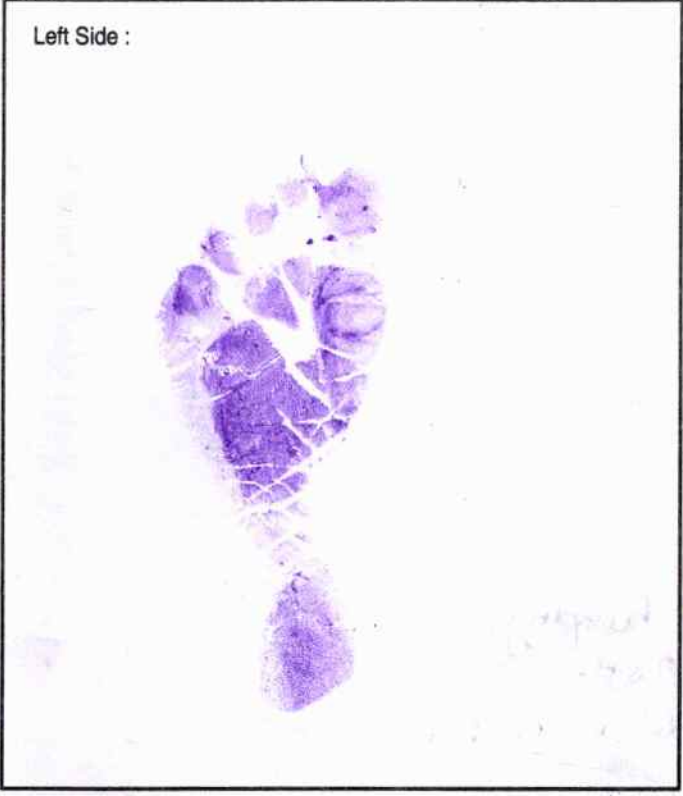
Moro's : N DTR : N

ATNR : Skull and Spine : N

Any Congenital Anomalies :

Diagnosis : Term (38wt 20) / AGA / NVD / FCH / TTNB.

FOOT PRINTS



Noted. by. Gaiya.

Resident Doctor :
Signature : *[Signature]*
Name : *Jyoti Vaidya*
Date & Time : *19/6/26 8 am.*

Consultant :
Signature : *[Signature]*
Name : *R. Hanhori*
Date & Time : *20/6/26*

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 :

- 1) DBF Q2nd h followed by bumping.
- 2) Cord. blood - BGT, T4, TSH.
- 3) Birth Vaccines, Red reflex @ 24 hours
- 4) TSB, NBS after 48 hour
- 5) CCHD at 24 hours
- 6) Monitor Respiratory rate After 1 hour.

Feeding Plan at the time of shifting :

Noted by Anuja

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Pulse Oxymetry Screen : *RL-100%, RH-100%, LL-100%, LH-100%*

New Born Screening :

20/6/20

SIB - Dr. MASH / Dr. Tark

8AM

Term (38+3) / AGA / NVO /

Fch / TTNB

BW - 2.854 kg

CW - 2.708 kg

- CITA - good

- Urine) Passed
stool)

Adm

FCB - 8.4

- DIC Today

Mother) Ut
Baby)

after Rounds



Dr. MASH

RESULT SHEET

Patient Name

Age : G

I.D. No. :

Ref No. : E / LW / DS / INDR / 17
HCV-00040900 IP22-00023314
Baby B/O REDDI NAVYA SRI
19-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. TIRUMALABETTY PARAMESH



Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					
Doctor's Signature					

Date	19/6/26.	20/6/26			
Time		6:30 AM			
CUE - Alb					
CUE - Sugar					
CUE - Ketones					
CUE - PUS Cells					
CUE - RBC Cells					
CUE					
Stool Pus Cell					
OVA / Cyst					
Occult Blood					
BGT	0.1ue				
Ty	7.02				
ZSH	7.21.				
TCS		8.4 msid			
Doctor's Signature					

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.):