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 : IP22-00023374 **Admit Date** : 24-Jun-2026 **Admit Time** : 08:49 PM **UHID** : HCV-00040957

Patient Details :

Patient Name	: Baby B/O K MADHURIMA	**Age**	: 0 Y 0 M 3 D
Guardian	: Mr PRADEEP	**DOB**	: 21-06-2026 05:31 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: P & T Colony Vishakhapatnam Andhra Pradesh INDIA 530013	**Phone No**	: 9676782905
		E-mail	: no@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 316 **Ward Name** : 3F-THIRD FLOOR

Room No : SPVT 316 **Admission Type** : First Visit

Contact Details :

Name : Mr PRADEEP **Relationship** : Father

Contact Address : P & T Colony Vishakhapatnam Andhra Pradesh INDIA 530013 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. R HARIHARAN **Specialisation** : NEONATOLOGY

Referral Doctor : Rainbow Website **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name:----------

UHID No :..... HCV-00040957 IP22-00023374
Baby B/O K MADHURIMA
21-08-2026 0 Y 0 M 3 D (F)
Dr. R HARIHARAN

.Consultant :.....Dept.:.....

Date of Admissio .....Date of Discharge:.....Time:.....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/6/26	9:09PM	ER	ward	Ramu

Cross Consultation Visit

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

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/6	SSPT	9:20pm	25/6/26	90915 ✓	[illegible]
			9:20pm		
			copy [illegible]		

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/6/26	TSB, TFT Done on op basis		[illegible]
25/6/26	TSB, DCT, Reticulocount	26013609	[illegible]
		Cres done by [illegible]	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date: 26/6/26 Time: 8A Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : K Madhuima Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... I.P. No.: .....

NICU Consultant : Dr. Hariharan 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 Madhuima

Gender : ☐ M ☑ F Blood Group : B+ve

Date of Birth : 21/6/26 Time of Birth : 5:31 PM

Place of Birth : RCH, Vizag

Mother's Blood Group : O+ve

Birth Weight (gms) : 2.445kg Lenght (cms) : 43 cms

OFC (cms) : 31.5cm

Estimated Gesth Age : 37wks + 6 days

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : .....

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : .....

..... TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 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 : .....

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

(☐ 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 : ..... P : ..... A : ..... L : .....

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

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐Inborn ☐Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitation : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

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
5/10	8/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOPI :

Baby presented with yellowish discoloration of skin on day 3

↓

Icterus (+) till legs

↓

TSB done → 16.7 (0.1 / 16.6)

↓

~~TSH~~, TFT was sent i/v/o and TSH 40.39

Investigation details in previous Hospital :

Feeding History :

Past History :

-

Family History :

-

Socio Economic History :

-

GENERAL EXAMINATION ON ADMISSION

General Description :

Cry | tone | activity - good

VITALS : Temperature : ..... HR : 140bpm RR : ..... NIBP : ..... CFT : .....

Colour of the extremities : Pink

Jaundice : ..... Pallor : ..... SpO2 : .....

Anthropometry : Birth Weight : 2.445kgs Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ✓ SGA : ..... LGA : .....

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :
→ AF - open & at level

Facies : (Any Facial Dysmorphism) (N)

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses :
(N)

EYES :
Symmetry :
Red Reflex :
Discharge :
(N)

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Preauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :
(N)

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number :
(N)

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :
(N)

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus :
female external genitalia

HERNIAL ORIFICES (N)

TRUNK and SPINE : (N)

SKIN LESIONS : (N)

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 42/min SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

Spo2 : ..... Auscultation : BILAE (+) Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : ..... Precordial Activity : .....

Femoral Pulses : feet Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .. ..

Abdomen : Hernial orifice : .....

Shape : ..... Anal Patency : ..... patent

Palpation : soft Umbilical Cord : ... .

Palpable masses : ..... First urine passed : ..... } passed

Abdominal girth : ..... Meconium passed : .....

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : ..... (N) .....

Cranial Nerves :

.....

.....

..... (N)

.....

Motor System :

Passive Tone : .....

Active Tone : ..... (N)

Neonatal Reflexes : .....

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : .....

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

Any Congenital Anomalies : .....

.....

.....

Diagnosis : .....

Term | AGA | IDM | NNJ | Fch |

(37-41 days) (Elevated end TSH)

.....

FOOT PRINTS

Left Side :	Right Side :

Resident Doctor :

Signature : Suminaa

Name : G. Suminaa

Date & Time : 24/6/26

Consultant :

Signature : R. Hemlatha

Name : R. Hemlatha.

Date & Time : 24/6/26

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 :

Adv

1. Start SSPT ē eyes & genitalia covered
2. DBF and fully followed by burping
3. TSB 4pm @ 3 PM

Feeding Plan at the time of shifting : .....

.....

.....

Screenings done during NICU Stay :

NSG : ..... Summary

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Pulse Oxymetry Screen : .....

New Born Screening : .....

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Na HCV-00040957 IP22-00023374
Baby B/O K MADHURIMA
21-06-2026 0 Y 0 M 3 D (F)
Dr. R HARIHARAN
Age : .....
I.P. No. : .

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/26		SIB. D1 HM / D1 Mark
~~8AM~~		Term (37+6) / AGA / TDM / NNJ
		→ D no of life. BW - 2.445 kg
		- ↓ SSPT CW - 2.359 kg
		- CITIA - good
		Urine / Stool Passed.
		Feeding well Adv
		- CBM. SSPT
		- TSB @ Today 5PM
		- DCT @ 5 PM
		- Reticulocyte count @ 5PM
		DrMajm
		NB Sandhya CA 222 25/6/26 9AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

~~Cls/B~~ Dr. ~~Hariharan~~ / Dr. Balaji

DSE: ~~TERM~~ / ~~AGASTHIA~~ / NNS

25/6/26
5pm

Cls/B ~~Aashwanya~~ / Dr. Balaji

- ↓ SSPT
- crying / activity ↑ good
- urine } passed
  stool }
- Feeding → DBF

Advice:
- cont. SSPT
- FSB, reticulocyte count, DCT @ 5pm

BALAJI
N/B Type one
25/6/26

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Pati HCV-00040957 IP22-00023374
Baby B/O K MADHURIMA
Age 21-06-2026 0 Y 0 M 3 D (F)
Dr. R HARIHARAN
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/26		SIB D2 NN / D2 4hrs
	8AM	
		Term (37+6) / AGA / IDM / NNJ
		- CITA - good BW - 2.445 kg
		- Feeding well CW - 2.384 kg
		- urine / Pasted stool
		- DCT - Negative
		Adv
		- To decide on DC
		D2 4AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
HCV-00040957 IP22-00023374 Baby B/O K MADHURIMA 21-06-2026 0 Y 0 M 3 D (F) Dr. R HARIHARAN	24/6/26 8:49pm	24/6/26 9pm
	Transfer ordered by: Dr. Sumiran	Reason for Transfer: Admission
From Bed / Ward / Hospital: ER	To Bed / Ward / Hospital: ward.	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file: 18	Number of Imaging films: —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, What ? op file

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.	/	
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Ramu	Dr. Sumiran	Ranjan	Self.

Patient & Clinical records received by:

Signature with Date & Time: Done at 9:15pm

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

HCV-00040957 IP22-00023374
Baby B/O K MADHURIMA
21-06-2026 0 Y 0 M 4 D (F)
Dr. R HARIHARAN

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 9:10pm Mode of Arrival: 9:20p Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction .....

.....

.....

Body Weight: 2.28kg Kg

Height: — cm

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	—

Family History: .....

.....

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☐ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: LSCS

.....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☑ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 2.28kg Length: — Head Circumference (< 2 years): —

Temp.: 98.4°F HR: 136bpm RR: 36bpm BP: —

Pain Score: — Specify Site: ..... (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☑ No Score: ..... (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score .....) (Document in the Braden Q Assessment Sheet)

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

Character of Pain ..... Location ..... Frequency ..... Duration .....

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 ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With .....

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

All Information Obtained From ☐ Patient ☐ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... mother .....

Nurse's Name: ..... Date: 24/6/26 Time: 9:30pm Signature .....

HCV-00040957 IP22-00023374
Baby B/O K MADHURIMA
21-06-2026 0 Y 0 M 3 D (F)
Dr. R HARIHARAN

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/6/26 Time of arrival : 8:15 PM

Chief Complaints: C/o Yellowish discoloration of eyes & Body — RBS: .....

Height : 46.5 cm Weight : 2.28 kg BMI : ..... 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
tick below fall risk intervention directly

☐ If Patient is > 6 years
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

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☑ Escort while ambulating
☑ Assist Patient
☑ Educate patient and family on fall precautions/prevention

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

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With ..... parents .....

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

Time of Initial assessment completed by ER Nurse : 8:28 PM

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

Time	Nursing Notes
24/6/16	TSB, TFT done on op basis

Samples collected by: Time:

Samples sent by : 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: 140 BP: — CFT: 2sec	Shift - out from ER to: 3 Lb
RR: 29 SPO_2 : 100% RA	Time of Shift - out: 9 PM
GCS: 15 Temperature : @	Handover given to: Divya
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Ramu Signature of the Nurse : Ramu

Date & Time : 24/6/16