

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 : IP22-00023382 Admit Date : 25-Jun-2026 Admit Time : 10:47 AM UHID : HCV-00041042

Patient Details :

Patient Name : Baby B/O GADAMCHITTI KIRAN RAO Age : 0 D
Guardian : Mr BEVARA SRAVAN KISHORE DOB : 25-06-2026 10:08 AM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Dr.no:8-26/9,SVMS plaza,Sri ram nagar Block-1, Gopalapatnam,Visakhapatnam Gopala Patnam Vishakhapatnam Andhra Pradesh INDIA 530027
Phone No : 9572637467/ 9572637467
E-mail : kiranraogadamchitti@gmail.com

Admission Details :

Bed Type : BASINET Bed No : CRDL-PVT-102-1 Ward Name : 1F-FIRST FLOOR
Room No : CRDL-PVT-102-1 Admission Type : First Visit

Contact Details :

Name : Mr BEVARA SRAVAN KISHORE Relationship : Father
Contact Address : Phone No :

Signature

Doctor Details :

Doctor Name : Dr. R HARIHARAN Specialisation : NEONATOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

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

BCG
Hepatitis-B
Redreflen } DONE by DR-YASH on 25/6/26

New Born



ACTIVITY RECORD FOR BILLING

Name:-----
 UHID No :-----
 Date of Admissior -----
 Room / Bed No :-----

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 Baby B/O GADAMCHITTI KIRAN RAO
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 Dr. R HARIHARAN

..... Consultant :-----Dept.:-----
Date of Discharge:-----Time:-----
Suggested Billable bed type:-----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	11:30AM	LDR-I	102	pausai

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/6/26	BGT, TSH, T4.	6003579 ✓	maloffi
26/6/26	TCB 12.3 mg/dl	3650 ✓	Uma
27/6/26	TSB, NBS	13746 ✓	Uma
<i>cross checked power of attorney</i>			

cross checked by Uma



NEONATAL IN-PATIENT MEDICAL RECORD

HCV-00041042 IP22-00023382
 Baby B/O GADAMCHITTI KIRAN RAO
 25-06-2026 0 Y 0 M 1 D (F)
 Dr. R HARIHARAN



ADMISSION INFORMATION

Mother's Name : Kiran Rao Age : 29 yrs Father's Name :
 Date of Birth : Date of Admission : I.P. No.:
 NICU Consultant : Referring Consultant : Dr. Raga Sudha
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Kiran Rao Mother's Blood Group : O+ve
 Gender : M F Blood Group : O+ve (positive) Birth Weight (gms) : 3.06kg Length (cms) :
 Date of Birth : 25/6/26 Time of Birth : 10:05 AM OFC (cms) :
 Place of Birth : RCH, Vizag Estimated Gesth Age : 40 wks + 2 days

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : Ht : Wt : BMI : Married Life : 2 yrs LMP : 15/9/25 EDD : 22/6/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : cephalic presentation, ant placenta, AFI - 9.9, FFW - 3262 gm
Dopler @ 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?
Hypothyroidism
 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: A: L:

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
G1	20x5	Spontaneous abortion @ 8wks				

PERINATAL HISTORY

Treating Obstetrician : Dr. Raga Sudha Hospital : RCH Vizag 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 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
1	1	
2	2	
2	2	
2	2	
2	2	
9	1	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOP1:

A single live female baby delivered via
↓ NVD

Baby cried immediately after birth
↓

Delayed cord clamping done, shift to warmer

↓

Routine newborn care given

↓

Cord clamped, clean cut given

↓

Inj. 1 mg IM vit K given

↓

SpO₂ - 80% @ 10 mins

Grunting (+)

↓

Suctioning done

↓

No grunt, SpO₂ - 100% @ RA

↓

Investigation details in previous Hospital:

Shift to mother's side

Feeding History:

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

Cry time (activity) - good

VITALS : Temperature : $36.5^{\circ}C$ HR : 150 bpm RR : 42 /min NIBP : CFT : $23.5m$

Colour of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 100% ✓ RA

Anthropometry : Birth Weight : $3kg$ Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :

Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

} All open & at level

Facies :

(Any Facial
Dysmorphism)

(N)

**NECK and
CLAVICLES :**

Range of Motion :
Asymmetry :
Masses :

} (N)

EYES :

Symmetry :
Red Reflex :
Discharge :

→ To be checked

**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 :

→ 2A + IV

GENITILIA :

Labia / Hymen :
Testicles/penis :
Anus :

Female external genitalia

HERNIAL ORIFICES

(N)

TRUNK and SPINE :

(N)

SKIN LESIONS :

(M)

EXTREMITIES :

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 : 48/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% - LRA Auscultation : Breath Sounds : B/LAEC(+) Added Sounds :

Cardiovascular System :

HR : 150 bpm BP : Precordial Activity :

Femoral Pulses : feet Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : 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 : DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis :
Single / Term / NVD / 3 kgs / Fch / well baby
(40+2 days) AGA

FOOT PRINTS

Left Side :



Right Side :



not by Parvi

Resident Doctor :

Signature :
Name : G. Samineca
Date & Time : 25/6/26

Consultant :

Signature : R. Honharn
Name : R. Honharn
Date & Time : 25/6/26

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. DBF 2nd mly + 1b burping
2. Red reflex & birth vaccination done
3. CCHD screening & TCB @ 24hs
4. cord blood BGT, TSH, Ty
5. warmth are

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Pulse Oxymetry Screen : PH: 99% PL: 100% LB: 99% LL: 100%

New Born Screening :

Noted by Paner

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 Baby B/O GADAMCHITTI KIRAN RAO
 25-06-2026 0 Y 0 M 0 D 1 H (F)
 Dr. R HARIHARAN



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Blo-kison Rao Mother's Name: nee Kiran Rao

Date of Birth: 25/6/26 Time of Birth: 10:08 AM Gender: Male Female

Birth Weight: 3.062 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:

Feeding: Breast Feeding Formula Both First Feed Time: 10:20 AM

HCV-00039025 IP22-00023369
 Mrs GADAMCHITTI KIRAN RAO
 17-06-1997 29 Y 0 M 8 D (F)
 Dr. CHUPPANA RAGA SUDHA

Mode of Delivery: Normal LSCS - Emergency/ Elective Instrumental

Indication:

Physical Assessment of New Born:

Temp: 36.4 °C HR: 150.5 /Min RR: 45.6 /Min BP: SpO₂: 99%

Pain Score: (Follow N Pass)

Fall Risk Assessment: Yes No Score: 10 (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: parvati Signature: [Signature] Date & Time: 25/6/26 @ 10:15 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Dof Mn · F / HW / PGN / INPR / 15

HCV-00041042

IP22-00023382

Baby B/O GADAMCHITTI KIRAN RAO

25-08-2026

O Y O M O D I H (F)

Dr. R HARIHARAN

P:

A

I..



CF

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/26	4pm	SIB Dr. NN / Dr. Manish
		Term (40+2) / NVD / 3kgs / ACD
		CITIA good
		Feeding well
		Urine - Not Passed
		Stool - Passed
		Adm
		TCB @ 10 AM
		T.M.
		o CATH screening after 24 hrs.
		<i>[Signature]</i>
		Dr. YASH
		Noted by Pavan 25/6/26 @ 4pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/24

CLB Dr. Hanikaran / Dr. Balaji

8AM

Δ S/S: AEM | NVO | AGA

22hr of life

C (work today)

Birth wt 3.062kg
c. wt 1

• cry/roul activity + good

• urine }
• stool } passed

• feeding - DRF

ASA + 6.7

Baby }
mother } d'eye.

Advisory

• Adlib feeds

• TSB @ 10 AM - 10 day

• CCHD

TSB - 12.3 - Start SSPT.

- TSB @ TIM

NBS Adv

10 AM.

Balan

noted by Uma

26/6/24

Laip

cp by Dr. Balaji

Mz

UNA good

• CR feeds

Luhn. good

• TSB } 10 AM
• NBS Adv } 10 AM

corp. good

USOT

Dr. Balaji
noted by Uma



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient HCV-00041042 IP22-00023382
 Baby B/O GADAMCHITTI KIRAN RAO
 Age : . 25-06-2026 0 Y 0 M 1 D (F)
 Dr. R HARIHARAN
 I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/6/20	8 AM	ad LB Dr. Harsharan / Dr. Balaji
	44 hr of life	OBIS: TERM / AGAL NUB. (40 wk + 2 day). • ↓ SEPT. • Crytome activity + good • urine } passed • stool } • Feeding + DBF.
		Birth wt → 3.062 kg C. wt → 2.919 kg (wt 6 AM + 4.67)
		Advice: • Ad lib feed • TCB ADV-NBS } today @ 10 AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



PATIENT TRANSFER FORM

Patient Name / I.P. No Blo. Kiran Rao	Date & Time of Admission 25/6/26 @ 10:47AM	Date & Time of Transfer Order 25/6/26 @ 11:30AM
Treating Consultant Dr. Hariharan	Transfer ordered by DR. Adithya	Reason for Transfer new born case
From Bed / Ward / Hospital LDR I	To Bed / Ward / Hospital 102	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file (15)	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.	Diapers (1)	
2.	Dress (1)	
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part Ravi	Name of person ordering transfer Dr. Adithya	Name & Signature of Nurse Supervisor malathi	Referral note & referral Doctor Name:
Patient & Clinical records received by: Uma			
Signature with Date & Time 25/6/26 11:30 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