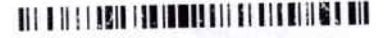


**Rainbow Children's Hospitals - Visakhapatnam**

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 : IP22-00023340 Admit Date : 21-Jun-2026 Admit Time : 06:41 PM UHID : HCV-00040822

Patient Details :

Patient Name : Baby B/O YALAKALA MOUNIKA Age : 0 Y 0 M 5 D
Guardian : Mr RAJA SEKHAR DOB : 16-06-2026 02:54 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : 9-400, RAVINAGAR, GAUTHAM BIDDHA ROAD, OPP BHAVYAM SCHOOL
Chintalaagaraharam Visakhapatnam Andhra Pradesh INDIA 530047 Phone No : 9603962866/ 7222856999
E-mail : no@gmail.com

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 321 Ward Name : 3F-THIRD FLOOR
Room No : GW 321 Admission Type : First Visit

Contact Details :

Name : Mr RAJA SEKHAR Relationship : Father
Contact Address : 9-400, RAVINAGAR, GAUTHAM BIDDHA ROAD, OPP BHAVYAM SCHOOL
Chintalaagaraharam Visakhapatnam Andhra Pradesh INDIA 530047 Phone No :

Y. Kantham Naidu

Signature

Doctor Details :

Doctor Name : Dr. TIRUMALASETTY PARAMESH Specialisation : NEONATOLOGY
Referral Doctor : SELF 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 :.....

HCV-00040822 IP22-00023340
 Baby B/O YALAKALA MOUNIKA
 18-08-2026 0 Y 0 M 5 D (M)
 Dr. TIRUMALABETTY PARAMESH

.....Dept.:.....
 Discharge:.....Time:.....
 ed Billable bed type:.....



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/06/2026	7:30 pm	ER.	3rd floor.	Akhil.

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 : Mounika Age : 23y Father's Name : Age :
 Date of Birth : 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 : Bla mounika Mother's Blood Group : O+ve
 Gender : M F Blood Group : O+ve Birth Weight (gms) : 3.43kg Length (cms) :
 Date of Birth : 16/06/20 Time of Birth : 2:54AM OFC (cms) :
 Place of Birth : RCH, Vizag. Estimated Gesth Age : 38 wks + 2 days

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : Ht : Wt : BMI : Married Life : LMP : EDD :
 Conception : Spontaneous or with Rx : Spontaneous conception
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : Cephalic, posterior - placenta, APD - 13.4cm, FFW - 2.56kg TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs</p> <p>Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>H/o PIH (after 20 weeks) / PE</p> <p>How many Drugs / Doses / Since how long :</p> <p>H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :</p> <p>IUGR - when detected :</p> <p>Doppler (Increased Resistance / ADEF / RDDF / Redistribution in MCA) / Ductus Venosus :</p> <p>AFI :</p>	<p>H/o GDM/ pre GDM/ on diet or insulin</p> <p>Controlled or not, recent values, HbA1 values :</p> <p>Compliance with Rx :</p> <p>Scans : LGA, TIFFA, Fetal Echo :</p> <p>H/o Hypothyroidism : when diagnosed ? Medication?</p> <p>Any other Chronic Medical Problems, when detected drugs ?</p> <p>(Anemia, SLE, Jaundice, CHD, Heart Disease)</p> <p>Infection : H/O, Fever</p> <p>(<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV)</p> <p>UTI : when : Any culture :</p>
--	---

PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :

PAST OBSTETRIC HISTORY

G: 2 P: 1 A: L: 1

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) NVD</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	9	9	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOP1:

At. 5 day 5 of life

do yellowish discoloration of eyes till thigh

TSB done outside 7 21.0 < 19.4
1.53.

Birth wt → 3.439 kg

C. wt → 3.27 kg

wt loss → 4.9%

Investigation details in previous Hospital :

—

Feeding History :

DBF every 2nd hourly 1lb burp

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

cry }
tone } good
activity }

VITALS : Temperature : 36.5°C HR : 140/min RR : 42/min NIBP : CFT : 23 sec

Colour of the extremities : ~~Aerocyanosis~~ pink

Jaundice : (+) Pallor : - SpO2 : 97% on RA

Anthropometry : Birth Weight : 3439 g Length : HC : Present Weight : 3270 g

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies :
(Any Facial
Dysmorphism) (N)

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

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

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

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

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

GENITILIA : Labia / Hymen : }
Testicles/penis : } BU till descendens
Anus : }

HERNIAL ORIFICES } full

TRUNK and SPINE : } → sacral dimple (N)

SKIN LESIONS : } (N)

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 42/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 : 97.4-98.8 Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 140/min BP : Precordial Activity : } full

Femoral Pulses : } full Murmurs : } full

Other Peripheral Pulses : } full Signs of Cardiac Failure :

Abdomen :

Shape : Hernial orifice : -> full

Palpation : Anal Patency : patent

Palpable masses : } Soft, non-disseminated Umbilical Cord : ...

Abdominal girth : First urine passed : } passed Meconium passed : } passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Cranial Nerves :

..... cry / some activity - good

Motor System :

Passive Tone : } 10

Active Tone : } 10

Neonatal Reflexes : } 10

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : } 10 DTR :

ATNR : } 10 Skull and Spine :

Any Congenital Anomalies :

Diagnosis : TERM | AQA | NNS
(38wks + 2 days)

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :
Signature :
Name : BACATI
Date & Time : 21/6/2016

Consultant :
Signature :
Name :
Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

- Name of the referring Doctor :
- Name of the referring Hospital :
Address :
Contact Numbers :
- Contact Details of the referring Doctor :
Mobile No. : E-mail ID :
- 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 :

• DSPT covering eyes & genitalia
• TSB, Hb, reticulocyte count
D/C → now.

• After 6 hrs → TSB
@ 4 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

Patient No HCV-00040822 IP22-00023340
Baby B/O YALAKALA MOUNIKA
18-06-2026 0 Y 0 M 5 D (M)
Age : Dr. TIRUMALABETTY PARAMESH
I.P. No. : .. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
21/6/26	10:30 AM	<p>cls/B dr paramesh / dr. Balaji</p> <p><u>DSPT</u>: TERM / AGA / NNT</p> <ul style="list-style-type: none"> ↓ DSPT cry / tone) activity - good urine } stool } passed Feeding + DBF <p><u>Advice</u>:</p> <ul style="list-style-type: none"> Ad lib feeds TSB → @ 4 AM <p><i>[Signature]</i></p>
22/6/26	8 AM	<p>cls/B dr. paramesh / dr. Balaji</p> <p><u>DSPT</u>: TERM / AGA / NNT</p> <p>aloted by Balasakhi</p> <ul style="list-style-type: none"> ↓ SSPT (changed from DSPT to SSPT) cry / tone) activity - good urine } stool } passed Feeding + DBF <p>Birth wt → 3.439M C. wt → 3.400kg wt loss → 1.1%</p> <p>(TSB + 1b.7)</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Advis:

- Ad lib feeds
 - Trace xelwoulou's count TSB after sound @ 11pm
 - Wsg spine → today
 - ~~Headage~~ today
- BALAJI

Noted By Bal'sakhi

- Review on Friday.

22/6/26
10 pm

c/o/B Dr Aditya / Dr Sree.

Can forward,

SSPT

c/t/a - (N)

feed - DRK

unue Ju

shoi plan

1) TSB at 9am.

2) stop SSPT at

4 am


t/m

6

Noted By Bal'sakhi

for
Sree.

PATIENT TRANSFER FORM

Patient Name / I.P. No HCV-00040822 IP22-00023340 Baby B/O YALAKALA MOUNIKA 18-06-2026 0Y0M5D (M) Dr. TIRUMALASETTY PARAMESH 		Date & Time of Admission 21/06/2026 @	Date & Time of Transfer Order 21/06/2026 @
		Transfer ordered by Dr. Balaji	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital 3 rd floor (321)	Information to attendant Yes <input 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 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: AKhil. Dr. Balaji			
Name and Signature of Person filling this part AKhil.	Name of person ordering transfer Dr. Balaji	Name & Signature of Nurse Supervisor AKhil.	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time 7-35 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