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 : IP22-00023364 **Admit Date** : 24-Jun-2026 **Admit Time** : 06:33 AM **UHID** : HCV-00041009

Patient Details :

Patient Name	: Baby B/O VALLE RAMA	**Age**	: 0 D
Guardian	: REDDI DAMODAr SANTOSH	**DOB**	: 24-06-2026 06:06 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Babametta Vizianagaram Andhra Pradesh INDIA 535002	**Phone No**	: 9642285730/ 9642285730
		E-mail	: 9642285730@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PRI-304-1 **Ward Name** : 3F-THIRD FLOOR

Room No : CRDL-PRI-304-1 **Admission Type** : First Visit

Contact Details :

Name : REDDI DAMODAr SANTOSH **Relationship** : Father

Contact Address : Babametta Vizianagaram Andhra Pradesh INDIA 535002 **Phone No** :

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name:---------------------------- HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0Y0M0D1H (F)
Dr. R HARIHARAN

UHID No :....................IP No ...: ....Dept.: NICU

Date of Admission :.............. ...f Discharge:....................Time:.............

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/06/26	6:58 pm	ward-OT	NICU	Jhansi / Aparna
24/6/26	7:10PM	NIW	304	Smitha / NIPA

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
24/6/26	Warmar	690767 @9:45AM	24/06/26 6:40PM	690767 @1:45PM open chesty	Aparna
	cardiac Monitor				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/6/26	BGT, FT4, TSH	26013502	Aparna
24/6/26	GIRBS - 77mg/dl 8 AM	60135141	Aparna
24/6/26	GRBS - 114mg/dl 2PM	60135401	Moundica-S
25/6	GRBS - 80 mg/dl · 2PM	P3565	
25/6	TCB 9.5mg/dL 6:30 AM (24 hrs)	3577	

Copy checked by

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date: 25/6/26 Time: 8Am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0Y0M0D1H (F)
Dr. R HARIHARAN

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NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 24/6/26

Source of Admission: ☐ OPD ☐ Ward ☑ Labor Ward ☐ Other: .....

Reason for Admission: Term/AGIA/IDM/PROM/Trachypnea

Admission Diagnosis: Term/AGIA/IDM/PROM

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name: .....

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify .....

Do you require an interpreter? ☐ Yes ☑ No

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes, identify .....

Source of Information : ☐ Family ☐ Others, Specify .....

Past Medical History	Past Surgical History	Last Hospital Admission
–	–	–

Significant History	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: .....

.....

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

Current Medications	Taking Medications? ☐ Yes ☑ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☐ Yes ☐ No

Observations:

Birth Weight: 3.1 kgs Head Circumference: ..... cm Length: ..... cm

☑ Term ☐ Pre-Term ☐ Post-Term

Blood Group: Mother: B+ve Baby: .....

Feeding: ☐ Breast Feeding ☐ Formula ☑ Both

Maternal Details: Age: 29 years, **PARA:** ..... **Gestation:** ..... Weeks, ... Days

Risk Factors: ☑ PROM ☐ Fetal Distress ☐ Diabetes Mellitus / Gestational Diabetes

☐ PH / Pre Eclampsia ☐ Others, Specify: .....

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

Indication: .....

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. R HARIHARAN

Newborn Assessment:

Temp: 36.5 HR 151 / Min RR 56.6 / Min BP ..... SpO²: 99%

Pain Score +1 (Follow N Pass and Document)

Fall Risk Intervention Done: ☑ Yes

Risk of Pressure Sore: ☑ Yes ☐ No (Fill Braden Q Sheet)

General Appearance: ☐ Posture ☑ Well-Fixed ☐ Asymmetry

Behavioural Status on Admission :

☑ Sleeping Crying ☐ Calm ☐ Drowsy

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify.....

Functional Screening: If a patient needs assistance with any of the following inform consultant

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☑ No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special Diet ☑ No Abnormalities Detected

Inform Consultant for Positive Criteria

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:

☑ ID Band in situ

☑ Bedside safety explained

☑ NICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others

Name of Person Orientation was given to: R.D Santhos (father)

Orientation not given Reason: .....

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Breastfeeding ☐ Yes ☐ No

Formula Feed ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

Patient Sticker

Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis: .....

.....

.....

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

Discharge Details: (To be completed by discharging Nurse)

Neonatal Condition at Discharge:

.....

.....

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ...../...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ...../...../.....

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

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24-06-2026 0 Y 0 M 0 D 1 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Valli Rama Age : 29yr Father's Name : Santhosh Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Pavamesh 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 Valle Rama

Gender : ☐ M ☑ F Blood Group : B +ve

Date of Birth : 24/6/26 Time of Birth : 6.06 Am

Place of Birth : RCH, Vizag

Mother's Blood Group : B positive

Birth Weight (gms) : 3107 g Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37 +4 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29yr Ht : 156 cm Wt : 79 kg BMI : ..... Married Life : 4 year LMP : 1/10/25 EDD : 8/7/26

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

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

Last Scans Details : 18/6/26 Cephalic presentation, pl: anteria AFI: 14 Dopper (N)

TT Immunization and Iron / Folic Acid : Given

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 PE screen : Positive

How many Drugs / Doses / Since how long : at 37 weeks

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : On MNT : 3 4 week

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication? On Thyronorm 37.5 mcg OD

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 : 24 hrs ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : on T. Ecosprin 150mg - 1/36 wks Duration : .....

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Baby B/O VALLE RAMA
24-08-2026 0 Y 0 M 0 D 1 H (F)
Dr. R HARIHARAN

PAST OBSTETRIC HISTORY

G : ..... P : ..... A : ..... L : .....

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Ragavendra. Hospital : RCH, VTZ ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) NVD

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : —

Resuscitaion : ☐ Yes ☑ No

Cord ABG : —

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
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	
1	2	
2	2	
8/10	9/10	9/10

TOTAL

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			—
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

					Score
Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)		0
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)		0
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)	..
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)		-
Multiple Seizures	No (0)	Yes (19)			-
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)		
Apgar Score	> = 7 (0)	< 7 (18)			0
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)		0
SGA	> 3rd percentile (0)	< 3rd (12)			0
				Total	0

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

—

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B/o Valle Rama. Age 29y. Father's Name : Santosh. Age :

Date of Birth : 2 Date of Admission : I.P. No.:

NICU Consultant : Dr. Prasanth 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 Valle Rama.

Gender : ☐ M ☑ F Blood Group :

Date of Birth : 24/6/26 Time of Birth : 6:06 AM

Place of Birth : KCH Vizag

Mother's Blood Group : B+ve

Birth Weight (gms) : 3107g Lenght (cms) :

OFC (cms) :

Estimated Gesth Age : 37 wks 1yd

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29y Ht : 156cm Wt : 79kg BMI : Married Life : 4yrs LMP : 1/10/25 EDD : 8/7/26

Conception : Spontaneous or with Rx. : Spontaneous.

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

Last Scans Details : 18/6/26 : Cephalic presentation, placenta : anterior, AFI : 14 EFW : 2818 g [35 1/7 wks] Doppler Normal TT Immunization and Iron / Folic Acid : given

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 PE screen positive

How many Drugs / Doses / Since how long : @ 37 wks.

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 : on MNT : 34 wks.

Compliance with Rx :

Scans : LGA, TIFFA, Fetal Echo :

H/o Hypothyroidism : when diagnosed ? Medication? from 1st month - on T. Thyronorm 37.5 mcg OD

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 : 24hrs ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results :

↳ on Antibiotics iv

Medication during Pregnancy : on Decospan 150mg : 36 wks Duration :

PAST OBSTETRIC HISTORY

G : ..... P : ..... A : ..... L : .....

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Raja Sudha ..... Hospital : RCH Vizag ..... ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : No.....

Resuscitation : ☑ Yes ☑ No

Cord ABG : .....

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

NEONATAL RESUSCITATION DETAILS

APGAR SCORE

Gestational Age : 37+4 ..... 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	2	2
2	2	2
2	2	2
1	2	2
2	2	2
TOTAL 8/10	10/10	10/10

Resuscitation			
Minutes	1	5	10
Oxygen ✓			
PPV / NCPAP			✓
ETT			
Chest Compressions			
Epinephrine			

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOPI :

Baby cried immediately after birth.

↓

Delayed cord clamping done.

↓

respiratory efforts : good.

HR : 168/min.

↓

routine care given.

↓

1mg vit.k img im given.

↓

spo2 : 94% at 10minutes

Tachypnea (+) & grunting. RR-64/min

↓

Decpuff CPAP support provided : PEEP-6
FiO2-25%.

↓

shifted to NICU.

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

VITALS : Temperature : 36.5°C HR : 168/min RR : 59/min NIBP : ..... CFT : .....

Colour of the extremities : pink

Jaundice : No Pallor : No SpO2 : 92% at room air

Anthropometry : Birth Weight : 3.107kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : 50th-90th SGA : ..... LGA : .....

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism)

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

EYES :
Symmetry :
Red Reflex : to be done.
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Preauricular Pits / Tags :
Nasal shape / Patency :
Palate : (N)
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 : 2D/IV.
Discharge :

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

HERNIAL ORIFICES patent

TRUNK and SPINE : (N)

SKIN LESIONS : No

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 : ..... 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 : 97% Auscultation : (N) Breath Sounds (N) Added Sounds : No

Cardiovascular System :

HR : 165/min BP : ..... Precordial Activity : (N)

Femoral Pulses : (+) Murmurs : No

Other Peripheral Pulses : (+) Signs of Cardiac Failure : ..

Abdomen :

Shape : ..... Hernial orifice : patent

Palpation : soft Anal Patency : Patent

Palpable masses : ..... Umbilical Cord : ... 2V1A

Abdominal girth : ..... First urine passed : ✓

Meconium passed : ✓

Nervous System : Higher intellectual functions (Sensorium) : alert & good

State of wakefulness : .....

Prechtle Score : .....

Cranial Nerves :

.....

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

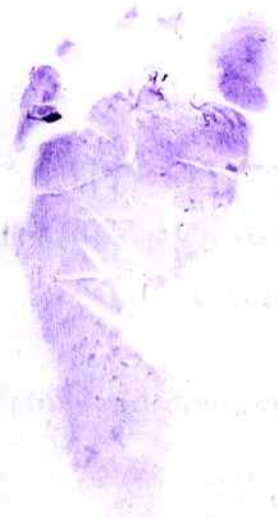
Any Congenital Anomalies : .....

No

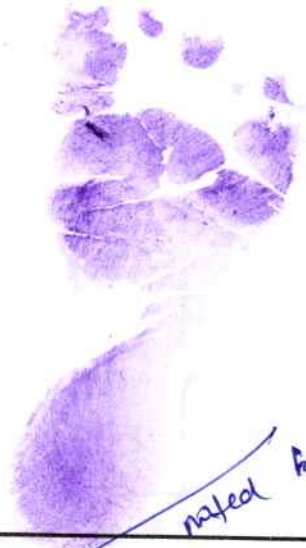
Diagnosis : Term| AGA| Baby Girl| 2.100kg| IDM| WBW Baby | PROM : 22hrs

FOOT PRINTS

Left Side :



Right Side :



noted by

Resident Doctor :

Signature : .....

Name : Dr Aishwarya.

Date & Time : 24/6/26 at 6.13am

Consultant :

Signature : R. Hariharan

Name : R. Hariharan

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 neopuff CPAP support c PEEP-6 → Farris cannula

② ~~Adlib~~ feeds · OG feeds 15 mL 2hrly

③ · Cord Blood → TSH, T4, TSH, BGT.

④ GRBS monitoring → 2h, 4h, 6h, 12h, 24h of life.

⑤ Blood Cs to be sent
Inj. PIPTAZ
Inj. AMIKACIN. } withheld.

⑥ Red reflex
Vaccination } to be done.
TEOAE

⑦ CCHD screening at 24h of life

⑧ TCB @ 24 hrs of life

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Pulse Oxymetry Screen : RH-98% LH-99% LL-99% RL-99%

New Born Screening : ..... noted by shifting d

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
Patie 24-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. R HARIHARAN
Age :
I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/26 8AM		c/S/B Dr. Paramesh | Dr. Hariharan | Dr. Suminaa
		Dx - Term | AGA | NVD | PROM | IDM (37+4 day)
		Baby on ram canula CPAP support
		PEEP - 5
		No tachypnea, grunting
		RR - 49/min, SpO_2 - 99%
		CVS
		Hemodynamically stable
		colour & perfusion - good
		S_1S_2 (+), HR - 140 bpm
		ENS
		cry | tone | activity - good
		urine, stool didn't pass
		GRBS - 77 mg/dl @ 8AM
		Plan
		→ Stop neopuff
		→ 15ml @ 2H NG feeds
		Try spoon feeds if Tachypnea settles
		→ BRBS @ 6 & 12 hrs of life
		Suminaa
		R. Hariharan
		S/o N. Balu

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/6/26
5PM

C|S|B Dr. Paramesh | Dr Hariharan | Dr. Srinivasa

Acis - Term | AGA | NVD | PROM | IDM

Baby reviewed

Baby self ventilating on room air

No tachypnea, grunting

Hemodynamically stable

Colour & perfusion - good

cry | tone | activity - good

urine } passed
Stool }

Vitals

HR - 152 bpm

SpO_2 - 98%

RR - 54/min

Temp 36.5°C

Adv

1. Continue Adlib feeds
2. Plan to shift to ward
3. TCB @ 24hrs of life
   CCHD
4. Red reflex & birth vaccination to be done

Srinivasa

Noted by
S/N. Chayadevi
24/6/26
6PM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041009 IP22-00023364
P Baby B/O VALLE RAMA .....
24-06-2026 0 Y 0 M 0 D 13 H (F)
A Dr. R HARIHARAN ☐ F
I .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/26	8AM	cl/B Dr. Hariharan / Dr. Balaji
	26hr of life	DOIS: TERM / AGA / NVD / PROM / IDM (37wk+4day).
	Birth wt - 3.107kg c.wt - 2.954kg	Baby on room air NO distress, tachypnea
	wt loss - 4.9%.	cry / tone / activity - good urine } Passed stool }
		• Feeding → DBF
	TCB - 9.5	Advice:
	Baby } B'tve. mother }	• Ad lib feeds • birth vaccination & red reflex to be done.
		* discharge
		Dr BALAJI N:B sandhya OA-22 25/6/26 10Am.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

BGT = (B positive)

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RESULT SHEET

HCV-00041009 IP22-00023364 IW / RS / INPR / 17
Baby B/O VALLE RAMA
24-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. R HARIHARAN

P: .....
A(heet No. : .....
I.D .....

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	24/6/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
T4	9.87					
TSH	10.90					
BGT	B +ve					
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0 Y 0 M 0 D 13 H (F)
Dr. R HARIHARAN

29/6/26

: RCH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:		8	10	2	5
Doctor/Nurse/Family Concern?		pm	pm	pm	am
Temperature (°F)	104				
	103				
	102				
	101				
	100				
	99				
	98	98.8°F	98.4°F	98.4°F	98.7°F
	97				
	96				
	95				
	94				
Heart Rate (bpm) and Blood Pressure (mmHg) *	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
Note: BP does not score in early warning scoring	90				
	80				
	70				
	60				
	50				
Heart Rate (Number)		138bpm	136bpm	130bpm	132bpm
Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
Resp Rate (Number)		56bpm	38bpm	32bpm	34bpm
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)		100%	100%	99%	100%
Conscious Level: Normal / Altered					
GCS *		4	15	15	15
TOTAL SCORE Number of shaded boxes		0			
Pain Score		0			
Observer's Initials					

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-05-2026 0 Y 0 M 0 D 13 H (F)
Dr. R HARIHARAN

29/6/26

No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 3 12PM.

Doctor/Nurse/Family Concern? 3

Temperature (°F)
104 103 102 101 100 99 98 97 96 95 94
98.6 F

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
130/80

Note: BP does not score in early warning scoring

Heart Rate (Number) 136bpt

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10
40

Resp Rate (Number) 58bpt

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%

Conscious Level	Normal / Altered
GCS *	N
TOTAL SCORE Number of shaded boxes	
Pain Score	0
Observer's Initials	

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.