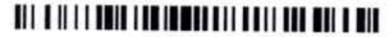
Rainbow Children's Hospitals - Visakhapatnam

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 : IP22-00023329 **Admit Date** : 20-Jun-2026 **Admit Time** : 11:05 AM **UHID** : HCV-00040930

Patient Details :

Patient Name	: Baby B/O S.ROSHINI	**Age**	: 0 D
Guardian	: Mr ASHOK	**DOB**	: 20-06-2026 10:36 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Araku Araku Colony Vishakhapatnam Andhra Pradesh INDIA 531149	**Phone No**	: 6301415298/ 6301415298
		E-mail	: Ashokcaddy7@g.mail.com

Admission Details :

Bed Type	: BASINET	**Bed No**	: CRDL-PRI-303-1	**Ward Name**	: 3F-THIRD FLOOR
Room No	: CRDL-PRI-303-1	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr ASHOK	**Relationship**	: Father
Contact Address	:	**Phone No**	:

Signature Ashokanp

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

OPV – done
Redreflex – done
BCG, hep- B – done
} Dr srivalli on 20/6/4

HCV-00040930 IP22-00023329
Baby B/O S.ROSHINI
20-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. TIRUMALASETTY PARAMESH

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BirthRight™
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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 Roshini   Mother's Name: mrs Roshini

Date of Birth: 20/6/26   Time of Birth: 10:36Am   Gender: ☐ Male ☑ Female

Birth Weight: 3.238 Kgs   HC: .... cm   Lenght: .... cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No   Blood Group: Mother: A+ve   Baby: ....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both   First Feed Time: 11Am

HCV-00037173 IP22-00023324
Mrs S.ROSHINI
28-03-1988 38 Y 2 M 23 D (F)
Dr. NIHARIKA ALLU

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

Indication: ....

Physical Assessment of New Born:

Temp: 98.6 °C   HR: 143 /Min   RR: 45 /Min   BP: ....   SpO$_2$: 100%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No**   **Score:** 12 (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: B. Sridevi   Signature: [signature]   Date &Time: 20/6/26 11AM

Docu. No. : RCH /FRM / CLINICAL / 144

ACTIVITY RECORD FOR BILLING

Name:--

UHID No :..................IP No :..........................Consultant :..........

Date of Admission :........................Time:..............Date of Discha

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

HCV-00040930 IP22-00023329
Baby B/O S.ROSHINI
20-06-2026 0Y0M0D0H (F)
Dr. TIRUMALASETTY PARAMESH

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/26	12:40PM	MICU	303	Rudu

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
22/6/26	SSPT	12.30pm 22/6/26	23/6/26 6AM	90356	Santhosh

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/6/26	BGT, TSH, T4	13307 ✓	Rudeen
20/6/26	GRBS at 12:35pm 91mg/dl	3311 ✓	Rudu
20/6	GRBS @ 4:30pm 101mg/dl	13334 ✓	[illegible]
20/6/26	GRBS @ 10:30pm 84mg/dl	13349 ✓	Sireesha
21/6/26	GRBS @ 10.30Am 88mg/dl	13374 ✓	Santhoshi
22/6/26	TSB	13403	Santhoshi
23/6/26	TSB	3458 ✓	Sireesha corrected by Sireesha

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date: 23/6/26 Time: 9Am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sireetha.			

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B. Roshini Age : .... Father's Name : .... Age : ....

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

NICU Consultant : Dr. Paramesh Referring Consultant : Dr. Niharika

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Roshini

Gender : ☐ M ☑ F Blood Group : A +ve

Date of Birth : 20/6/26 Time of Birth : 10:36 AM

Place of Birth : RCH, Vizag

Mother's Blood Group : A +ve

Birth Weight (gms) : 3.238 kgs Lenght (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 38w + 3 days

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 38yrs Ht : .... Wt : .... BMI : .... Married Life : 12yrs LMP : 24/9/25 EDD : 1/7/26

Conception : Spontaneous or with Rx. : Spontaneous conception

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

Last Scans Details : SLIUG, cephalic, post placenta, AFI - 16.2cm, EFW - 3209, Doppler - normal - 13/6/26 TT Immunization and Iron / Folic Acid : Immunized

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 : GDM, Tab. metformin 500mg OD

Compliance with Rx : stopped at 7th month

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 : 3 P : 2 A : .... L : 2

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
G1 - FT / LSCS / PROM / Fch / 3.9 kgs / 11 years						
G2 - FT / LSCS / 3.4 kgs / 7 yrs						
G3 present pregnancy						

PERINATAL HISTORY

Treating Obstetrician : Dr. Niharika Hospital : RCH, Vizag ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

El. LSCS PCP

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	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	1	
HEART RATE	Absent	<100 / Minute	> 100 / Minute	2	2	
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	2	2	
MUSCLE TONE	Limp	Some Flexion	Active Motion	2	2	
RESPIRATION	Absent	Weak Cry: Hypoventilation	Good Crying	2	2	
			TOTAL	9	9	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOPI :

A single live female baby is delivered via El. LSCS i/v/o PCP

↓

Baby cried immediately after birth

↓

Delayed cord clamping, shift to warmer

↓

Routine newborn care given

↓

cord clamped, clean cut given

↓

Inj- vit K 1mg IM given

↓

Shift to mother side

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 : 36.5°C HR : 160 bpm RR : .... NIBP : .... CFT : <3 secs

Colour of the extremities : Acrocyanosis

Jaundice : — Pallor : — SpO2 : 96% ↓ RA

Anthropometry : Birth Weight : 3.2 kg Length : .... HC : .... Present Weight : ....

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

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	AF at level
Facies : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : → To be checked Discharge :	
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 : → 2A + 1V Discharge :	
GENITILIA :	Labia / Hymen : Femal external genitalia Testicles/penis : Anus :	
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 : 44/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 : 96% RA @ 10 min Auscultation : .... Breath Sounds : B/L AE (+) Added Sounds : ....

Cardiovascular System :

HR : 162 bpm BP : .... Precordial Activity : ....

Femoral Pulses : felt Murmurs : –

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

Abdomen :

Hernial orifice : ....

Shape : .... Anal Patency : patent

Palpation : soft Umbilical Cord : 2A + 1V

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

Abdominal girth : .... Meconium passed : not passed

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

State of wakefulness : (N)

Prechtle Score : ....

Cranial Nerves :

(N)

Motor System :

Passive Tone : ....

Active Tone : ....

Neonatal Reflexes : (N)

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

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

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

Any Congenital Anomalies : ....

Diagnosis : Term | AGA | B1.LSCS | Fch | well baby

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : ....

Name : G. Suminaa

Date & Time : 20/6/21

Consultant :

Signature : Paramesh

Name : T. Paramesh

Date & Time : 20/6/21

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 and hly f/b burping
2. Red reflex & birth vaccination to be done
3. CCHD screening @ 24 hrs
4. TSB & adv NBS @ 48 hrs
5. Warmth care
6. Crd blood BGT, TSH, TY
7. GRBS monitoring 2, 6, 12, 24, 48 hrs

Sumiaa

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Pulse Oxymetry Screen : RH - 100% , RL - 99% LH - 99% LL - 98%

noted by

New Born Screening :

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BirthRight
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Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/26	5pm	C/S/B Dr PV / Dr SV
		Δ = Term / AGA / El. LSCS.
		C/T/A - Ⓝ
		feed - DBF
		urine] passed
		stool]
		Plan
		- Ad lib feeds
		- GRBS as per order
		NBS 2nd at 6pm
		fw / [illegible]
20/6/26 10pm		C/S/B Dr. Aditya / Dr. Anjana / Dr. Sumi naa
		Δn - Term / AGA / El. LSCS / Fch
		cry / tone / activity - good
		urine - passed
		Stool - not passed
		Feeding - on DBF
		GRBS - 101 mg/dl
		Adv
		1. Ad lib feeds
		2. Birth vaccination & red reflex then
		3. CCHD screening @ 24 h
		4. TSB & adv NBS @ 48 hrs

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

21/6/26 C/S/B Dr. Parameeh / Dr. Balaji

8Am Ass: TERM / AGA / EL. LSCS / RCH

D2 hr of life

Birth wt → 3.238 kg
C. wt → 3.063 kg

wt loss → 5.4%

TSH → 7.32

baby → 'A' +ve

mother → 'A' +ve

. cry / Tone / activity - good

urine } passed
Stool }

. Feeding → DBF

Advice:

. Ad lib feeds

. TSB } tlm @ 10Am
NBS }

BALAJI

21/6/26 C/S/B Dr. Venu / Dr. Balaji

5pm

N.B Santhosh

Ass: TERM / AGA / ELSCS / RCH

. cry / Tone / activity → good

. urine } passed
Stool }

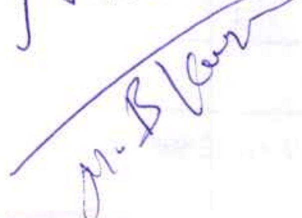
. Feeding → DBF

Advises

. Adlib feeds

. TSB } tlm @ 10Am
NBS }

BALAJI



Ref. No. : F / HW / PGN / INPR / 15

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Pati HCV-00040930 IP22-00023329
Baby B/O S.ROSHINI
Age 20-06-2026 0 Y 0 M 1 D (F)
Dr. TIRUMALASETTY PARAMESH
I.P

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26 8AM		c/s/B Dr. paramesh/ Dr. Balaji
46 hr of life		Diag: TERM/ AGA/ EL. LSCS/ FCH (38wk+3day)
Birth wt 3.238kg exwt 3.00kg c.wt → 2.895kg wt loss → 10.5%.		. cry/ tone/ activity → good . urine/ stool } passed . feeding → DBF
		Advice: - Ad lib feeds. . TCB } NBS } @10AM today BALAJI
22/6/26 12:30pm. TSB: 17.2		Start SSPT covering eyes & genetalia Noted & sent Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

22/6/26
5pm

c/o B Dr Aditya / Dr Sreevani

D = Term / AGA / EL LSCS / fcH.

↓ SSPT

c/T/A - Normal
feed - DBF
urine
stool] passing well.

Plan:
- Ad lib feeds
- TSB - after results

[signature] Sreevani

[signature] M.B. [illegible]

22/6/26
10pm ↓SSPT

c/s/B Dr Aditya / Dr Sree

Case reviewed,
c/T/A - (N)
feed - DBF
urine
stool] ✓

Pla
1) continue SSPT
2) - TSB 8 am tomorrow

[signature] Dr Sree.

N.B Sireesh

Ref. No. : F / HW / PGN / INPR / 15

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Patient Name : ....

Age : .... Gender ☐ M ☐ F

I.P. No. : ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/26	8 am	C/o/B Dr paramesh / Dr [illegible]
		D = Term / AGA / EL.LSCS / fem.
		D3.
		N SSPT BW - 3.23kg
		C/T/A - (N) CW - 2.819kg
		feed - DBF 12 % wt loss
		urine] ✓
		stool]
		Plan
		Ad lab [illegible]
		- Trace TSB report
		- D/C now.
		[signature] Review on Saturday.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Ref. No. : F / HW / PGN / INPR / 15

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name : ....

Age : .... Gender ☐ M ☐ F

I.P. No. : ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

A +ve

RESULT SHEET

Ref. No. : F / HW / RS / INPR / 17

HCV-00040930 IP22-00023329
Baby B/O S.ROSHINI
20-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. TIRUMALASETTY PARAMESH

Patient .... t No. : ....
Age :
I.D. N ....

Date	22/06/26.					
Time	10:00Am					
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	17.2 < 0.1 / 17.1					
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	20/6/26						
Time							
CUE - Alb							
CUE - Sugar							
CUE - Ketones							
CUE - PUS Cells							
CUE - RBC Cells							
CUE							
Stool Pus Cell							
OVA / Cyst							
Occult Blood							
T4 → 8.17							
TSH → 7.32							
BGT → A positive							
Doctor's Signature							

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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