

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023361

Admit Date : 23-Jun-2026

Admit Time : 03:09 PM

UHID : HCV-00041002

Patient Details :

Patient Name : Baby B/O SARIPALLI VENKATA SATYA MOUNIKA

Age : 0 D

Guardian : Mr VENKATA PRABHAT

DOB : 23-06-2026 02:35 PM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : kothavalasa B G valasa Visakhapatnam Andhra Pradesh INDIA 535145

Phone No : 6303896760

E-mail : no@gmail.com

Admission Details :

Bed Type : BASINET

Bed No : CRDL-SPV-309-1

Ward Name : 3F-THIRD FLOOR

Room No : CRDL-SPV-309-1

Admission Type : First Visit

Contact Details :

Name : Mr VENKATA PRABHAT

Relationship : Baby/O

Contact Address : kothavalasa B G valasa Visakhapatnam Andhra Pradesh INDIA 535145

Phone No :

Mr Venkatabhat

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

OPV done - 23/6/26 given

ACTIVITY RECORD FOR BILLING

Name:-----
 UHID No :-----
 Date of Admission :-----
 Room / Bed No :-----Ward :-----Suggested Billable bed type:-----

HCV-00041002 IP22-00023361
 Baby B/O SARIPALLI VENKATA
 23-08-2026 0 Y 0 M 0 D 1 H (F)
 Dr. R HARIHARAN



Consultant :-----Dept.:-----
 Date of Discharge:-----Time:-----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/8/26	5pm	LDR-II	309	pauna

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 : SVS Mourika Age 27y Father's Name : Venkata Prabahar Age :
 Date of Birth : Date of Admission : I.P. No. :
 NICU Consultant : Dr. Hariharan Referring Consultant : Dr. Nagasudha
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o SVS Mourika Mother's Blood Group : A(+)
 Gender : M F Blood Group : O +ve Birth Weight (gms) : 2.942kg Length (cms) :
 Date of Birth : 23/6/26 Time of Birth : 2:35 PM OFC (cms) :
 Place of Birth : Rust Vijaya Estimated Gesth Age : 38+1

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : Ht : Wt : BMI : Married Life : LMP: 28/9/25 EDD : 5/7/26
 Conception : Spontaneous or with Rx. :
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : 36⁺ / 2.828kg / Adeq liquor / SLP
 (6/6/26) TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 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? <u>+ Thyronam 75mg</u> Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> 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
					PRIM	

PERINATAL HISTORY

Treating Obstetrician : Dr. Nagarajudhe Hospital : RCH Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig) NVD</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>
---	---

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	9	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HUPI:

A single live female baby is delivered via NVD



Baby cried immediately after birth



Cord clamped, shift to warmer



Routine newborn care given



Cord clamped & clean cut given



2mg 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 (Hm) activity - good

VITALS : Temperature : 36.5°C HR : RR : NIBP : CFT :

Colour of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 100% - ↓ RA

Anthropometry : Birth Weight : 2.94 kg Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles :
Sutures } AF patent & at level
Shape / Moulding : }
Edema / Bruising : }
Size - (H.C.) : } output (+)

Facies :
(Any Facial Dysmorphism) (N)

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

EYES : Symmetry :
Red Reflex : → To be checked
Discharge :

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

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

ABDOMEN and UMBILICUS : Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : → 2 A + 1 V
Discharge :

GENITILIA : Labia / Hymen :
Testicles/penis :
Anus :

HERNIAL ORIFICES (N)

TRUNK and SPINE : (N)

SKIN LESIONS : (N)

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 : 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 : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 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 : 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 :

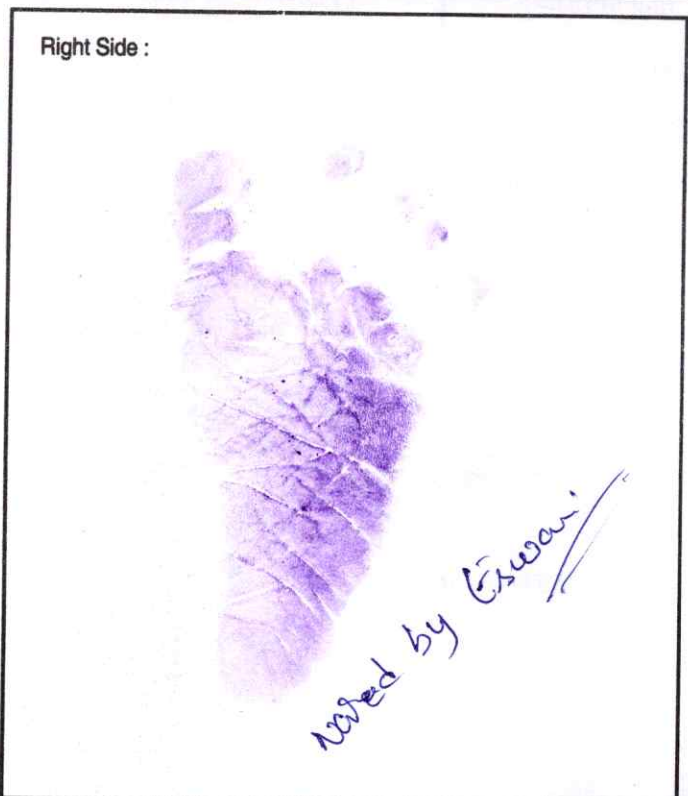
Moro's : DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis :
Single | Term | NVD | 29424 | Fch | well baby
(3&f1)

FOOT PRINTS



Resident Doctor :

Signature : *G. Suminaa*

Name : *G. Suminaa*

Date & Time : *23/6/26*

Consultant :

Signature :

Name :

Date & Time :

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 hly + 16 burps
2. Red reflex & birth vaccination
3. CEHD screening & TCB @ 24 hrs
4. warmth care
5. cord blood BCT, TSH, Tg
- 6.

Noted by [signature]

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Pulse Oxymetry Screen :

New Born Screening :

HCV-00041002 IP22-00023361

Baby B/O SARIPALLI VENKATA

23-06-2026 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. Venkata Satya Mouika Mother's Name: nee. mouika.

Date of Birth: 23/6/26. Time of Birth: 2:35 Pm Gender: Male Female

Birth Weight: 2.942 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: Aue Baby:

Feeding: Breast Feeding Formula Both First Feed Time: 2:50 Pm

HCV-00040989 IP22-00023354
Mrs SARIPALLI VENKATA SATYA
22-05-2002 24 Y 1 M 1 D (F)
Dr. NAGA SUDHA LAKSHMI G



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

Indication:

Physical Assessment of New Born:

Temp: 36.4 °C HR: 158b /Min RR: 45b /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 /-Ne)

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: paunai

Signature: [Signature]

Date & Time: 23/6/26 @ 2:40 Pm.

24/6/26

CLB Dr. - Manikaran / Br. Balaji

8 AM

1st hr of life

ASX: TERM / NVD / FCB
(38 WK + 1 day)

Birth wt → 2.94 kg Cry / tone / activity - good

c. wt → 2.830 kg

not lost → 3.8%

Baby → '0' +ve

urine } passed
stool }

BGT → molting → A' +ve Feeding → DBF

TSH → 9.3

Advice!

- Ad lib feeds
- FCB } today @
~~MB~~ } 2pm

Dr.

Balaji
N B Sankar
CA 222

24/6/26
8 AM

PATIENT TRANSFER FORM

Patient Name / I.P. No <i>Blomowika 23361</i>	Date & Time of Admission <i>23/6/26 @ 3:09PM</i>	Date & Time of Transfer Order <i>23/6/26 @ 5PM</i>	
Treating Consultant <i>DR. Haribalan</i>	Transfer ordered by <i>DR. Venugopal</i>	Reason for Transfer <i>new BSN case</i>	
From Bed / Ward / Hospital <i>WDR 51</i>	To Bed / Ward / Hospital <i>309</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>(15)</i>	Number of Imaging films <i>-</i>	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.	<i>Diapers 10</i>		
2.	<i>Dress 10</i>		
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Pavani</i>	Name of person ordering transfer <i>DR. Haribalan</i>	Name & Signature of Nurse Supervisor <i>Malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>[Signature]</i>			
Signature with Date & Time <i>[Signature]</i> <i>23/6/26 5PM</i>			

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