

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023241 Admit Date : 12-Jun-2026 Admit Time : 10:59 AM UHID : HCV-00040714

Patient Details :

Patient Name : Baby B/O SIDAGAM ANNAPURNA Age : 0 D
Guardian : Mr P CHANDRA RAO DOB : 12-06-2026 10:10 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : Pendurthi Vishakhapatnam Andhra Pradesh Phone No : 9390711779/
INDIA 531173 E-mail : no@gmail.com

Admission Details :

Bed Type : BASINET Bed No : CRDL-SPV-316-1 Ward Name : 3F-THIRD FLOOR
Room No : CRDL-SPV-316-1 Admission Type : First Visit

Contact Details :

Name : Mr P CHANDRA RAO Relationship : Baby/O
Contact Address : Pendurthi Vishakhapatnam Andhra Pradesh Phone No :
INDIA 531173

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

HCV-00040714 IP22-00023241
Baby B/O BIDAGAM ANNA PURNA
12-06-2026 0 Y 0 M 0 D 5 H (M)
Dr. TIRUMALASETTY PARAMESH



MONITORING CHART

Age/Gender:

Diagnosis ~~#~~ LFT / ROS

Date:	Time	Value	Informed to	Advice	Remarks
12/6/26	11:30 AM	88 mg/dl	DR. Paramesw	BUF 10% DEX	
12/6/26	6 PM	187 mg/dl	DR. Paramesw	"	
12/6/26	12 AM	112 mg/dl	DR. Harri Haran	10% DEX.	
13/6/26	6 AM	103 mg/dl	DR. Harri Haran	10% Dex.	
13/6/26	12 P	111 mg/dl	"	"	
13/6/26	6 PM	115 mg/dl	DR. Harri Haran	"	
14/6/26	12 AM	98 mg/dl	"	"	
14/6/26	6 AM	88 mg/dl	"	"	
14/6	10:12 P	101 mg/dl	"	"	
14/6	6 PM	91 mg/dl	-	"	
15/6	12 AM	86 mg/dl	"	"	
15/6	6 AM	68 mg/dl	"	"	
16/6/26	12 AM	84 mg/dl	"	"	
16/6/26	6 AM	81 mg/dl	"	"	
16/6/26	3 PM	104 mg	"	"	
16/6/26	11 PM	75 mg/dl	DR. Aditya	"	
17/6/26	7 AM	81 mg/dl	"	"	
17/6/26	3 PM	85 mg/dl	DR. Harri Haran	"	
17/6/26	11 PM	75 mg/dl	"	"	
18/6/26	7 AM	83 mg/dl	"	"	
18/6	7 PM	65 mg/dl	DR. Harikrishna	feeds.	
19/6	7 AM	91 mg/dl	"	"	

Handwritten signature/initials

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①

ACTIVITY RECORD FOR BILLING

Name:
UHID No : IP :
Date of Admission :
Room / Bed No : ward : Suggested Billable bed type:

HCV-00040714 IP22-00023241
Baby B/O SIDAGAM ANNAPURNA (M)
12-06-2026 0 Y 0 M 0 D 4 H
Dr. TIRUMALASETTY PARAMESH



ant : Dept: NICU
Date of Discharge: Time:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	10:35 Am	micu	NICU	Pavani / Nageswari
19/6/26	12 pm	NICU	ward	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. Aranth	13/6/26	688069	Nageswari
2.	DR. Siddardha	13/6/26	688889	Nageswari
3.	Dr. Suresha (Ophthalmology)	15/6/26	688890	Nageswari
4.	DR. Siddardha	19/6/26	89753	Santhoshi
5.				
6.				
7.				
8.				
9.				
10.				

Informed to Coordinator Pavan (Brother)

Cross checked by [Signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/6/26	warmer, cardiac monitor, CPAP, Oxygen	13:31 Pm	} Stop at 2pm	687746	Nagetwa
12/6/26	Syringe Pump - 2 HFNC	2pm		13/6 1:30pm	688290 687968
13/6	Warmer Cardiac monitor HFNC, O2 Syringe pump - 2	1:30PM	14/6 10A	688068	[Signature]
14/6	Warmer Cardiac monitor HFNC, O2 Syringe pump - 2	10A	15/6/26 11:38 AM	688291	[Signature]
15/6	warmer cardiac monitor CPAP Oxygen syringe pump - 1 SSPT	11:38 AM 4PM	9am 6am	688518 688674	Ahano [Signature]
16/6	Warmer, Cardiac Monitor Oxygen Syring pump - 1	12:20pm	17/6 @ 11AM	688935	[Signature]
17/6	warmer cardiac monitor oxygen	11AM 12pm	18/6 11AM 17/6 @ 8pm	689133 689158	[Signature]

INVESTIGATIONS

Date	Investigations	Order No.	Signature
12/6/26	VBG, GRBS - 88mg/dl (11:30 AM)	6012779	Nageswari
12/6/26	CBC, BGT	6012780	
12/6/26	Blood c/s	6012782	
12/6/26	DORSAL SPINE AP.	006578	Nageswari
12/6/26	Lateral view Spine	006579	
12/6/26	CXR	066580	
12/6/26	NSG	6582	Nageswari
12/6/26	USG Abdomen	6583	
12/6/26	USG LS spine (not incident)	(System show) not 06630	
12/6/26	2D-echD	066584	Nageswari
12/6/2026	GRBS 187mg/dl 6am	6012795	
13/6/26	GRBS 112mg/dl 12AM	6012809	Dew'
13/6/26	GRBS 103mg/dl 6AM	6012810	Dew'
"	GRBS 711mg/dl 12P	6012848	Arg
13/6	GRBS 115 mg/dl 6 PM	6012868	Arg
13/6	VBG c lactate	6012872	Dew'
14/6	GRBS 98mg/dl 10am	6012885	Dew'
14/6	GRBS 88mg/dl 6AM	6012886	Dew'
"	GRBS 101 mg/dl 12P	6012900	Arg
14/6	TSB, Creatinine, Nat Kt, CRP	6012916	Nageswari
14/6	GRBS 6PM. 91mg/dl	12929	Nageswari
14/6	Xray	006651	
15/6	GRBS 86mg/dl 12AM	6012945	Dew'
15/6	GRBS 68mg/dl 6AM	6012946	Dew'
Cross checked by Dew' / 0114919 @ 4AM 15/06/2026			
"	TCB - 13.8mg/dl 4P	6012996	Arg

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/6/26	TV placement	①	687803	<i>[Signature]</i>
14/6/26	UVC	①	688357	<i>[Signature]</i>
cross checked by <i>[Signature]</i>				

ANY OTHER INFORMATION

Date: _____ Time: _____ Prepared By: _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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ACTIVITY RECORD FOR BILLING

2

Name:----- HCV-00040714 IP22-00023241
 UHID No :----- IP No : Baby B/O SIDAGAM ANNAPURNA 12-08-2026 0 Y 0 M 2 D (M) Dept: NICU
 Date of Admission :----- Dr. TIRUMALASETTY PARAMESH Discharge:----- Time:-----
 Room / Bed No :----- Ward :----- Requested Billable bed type:-----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

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
16/6	GRB'S (12 Am) - 84mg/dl	6013018 ✓	Sanitla
16/6	GRB'S (6 Am) - 81mg/dl	6013019 ✓	
16/6	GRBS. 104mg/dl. 3pm	13062 ✓	Aluun
16/6	GRB'S - 75mg/dl 11pm	6013071 ✓	Sanitla
17/6	GRB'S - 81mg/dl 7am	26013081 ✓	Sanitla
17/6	GRBS - 85mg/dl 3PM	6013124 ✓	chaya
17/6/26	GRB'S 75mg/dl - 11PM	6013146 ✓	Sanitla
18/6/26	GRB'S - 83mg/dl - 7AM	6013166 ✓	Sanitla
18/6/26	GRBS - 65mg/dl - 7PM	6013210 ✓	devisalya
19/6/26	GRB'S - 91mg/dl - 7AM	6013218 ✓	Sanitla
20/6/26	TSB, TFT	3300 ✓	uma
cross checked by Anam			
cross checked by Shan			



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : S. Annapurna Age 27 Father's Name : Age :
 Date of Birth : Date of Admission : 11/6/26 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 : B/o Annapurna Mother's Blood Group : O +ve
 Gender : M F Blood Group : O +ve Birth Weight (gms) : 2.869 kg Length (cms) :
 Date of Birth : 12/6/26 Time of Birth : 10:10AM OFC (cms) :
 Place of Birth : RCH Vizag Estimated Gesth Age : 36 + 5 days

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 27 Ht : 160 Wt : 91 BMI : Married Life : 6yrs LMP : 24/9/25 EDD : 11/7/26
 Conception : Spontaneous or with Rx : Spontaneous conception
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : 01/6/26 - SLUG, cephalic presentation, ant placenta
AFI - 8.3, Doppler - normal TT Immunization and Iron / Folic Acid : Immunized

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" 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 :</p>	<p>H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : <u>(N)</u> Scans : LGA, TIFFA, Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? Any other Chronic Medical Problems, when detected drugs ? <u>(N)</u> (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 :</p>
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :

PAST OBSTETRIC HISTORY

G: 2 P: 1 A: L: D1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	Term	still	birth		2.9 kgs - vaginal	delivery

PERINATAL HISTORY

Treating Obstetrician : Dr. Raga Sudha Hospital : RCH, Vizag Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig) <i>E.L.SCS ilv/o</i></p> <p>Second stage (> 2 hours after dilation) <i>maternal request</i></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 checked="" 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

TOTAL

	1 Minute	5 Minutes	10 Minutes
	1	1	
	2	2	
	2	2	
	2	2	
	2	2	
	9	9	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOP1:

A single live male baby is delivered via E.L. LSCS
i/v/o maternal request

↓

Baby cried immediately after birth

↓

Delayed cord clamping done, shift to warm

↓

Routine newborn care given

↓

Cord clamped, clean cut given

↓

inj. vit K 1mg IM given

↓

Baby had a sacral tail & grunting

↓

shift to NICU

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

myl trn / activity - good

VITALS : Temperature : 36.5°C HR : 140bpm RR : 48/min NIBP : CFT :

Colour of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 95% ↓ RA

Anthropometry : Birth Weight : 2.869kg Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles :
 Sutures :
 Shape / Moulding : } Af - open & at level
 Edema / Bruising :
 Size - (H.C.) :

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 :

} (H)

**THORAX and
 BREASTS :** Shape of Thorax :
 Position of Nipples and Number :

} (N)

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

GENITALIA : Labia / Hymen :
 Testicles/penis : Male external genitalia
 Anus :

HERNIAL ORIFICES

(N)

TRUNK and SPINE :

(E) lumbar
 Sacral trail (F)

SKIN LESIONS :

(N)

EXTREMITIES : Fingers / Toes : → wide 1st web space - hand B/L
 Arms / Legs : (N) (AT) fixed flexion deformity
 Deformities :
 Mobility :
 Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 48/min SCR / ICR / See - Saw breathing : ^{audible} mild grunting (+)

Scoring of respiratory distress if present (Silverman or Downe's) : Downe's - 4 SCR (+)

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : 95% URA Auscultation : Breath Sounds : B/LAE (+) Added Sounds : clear

Cardiovascular System :

HR : 140 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 + IV

Palpable masses : First urine passed : passed

Abdominal girth : Meconium passed : not passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score : (N)

Cranial Nerves :

.....

..... (N)

.....

Motor System :

Passive Tone :

Active Tone : (N)

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

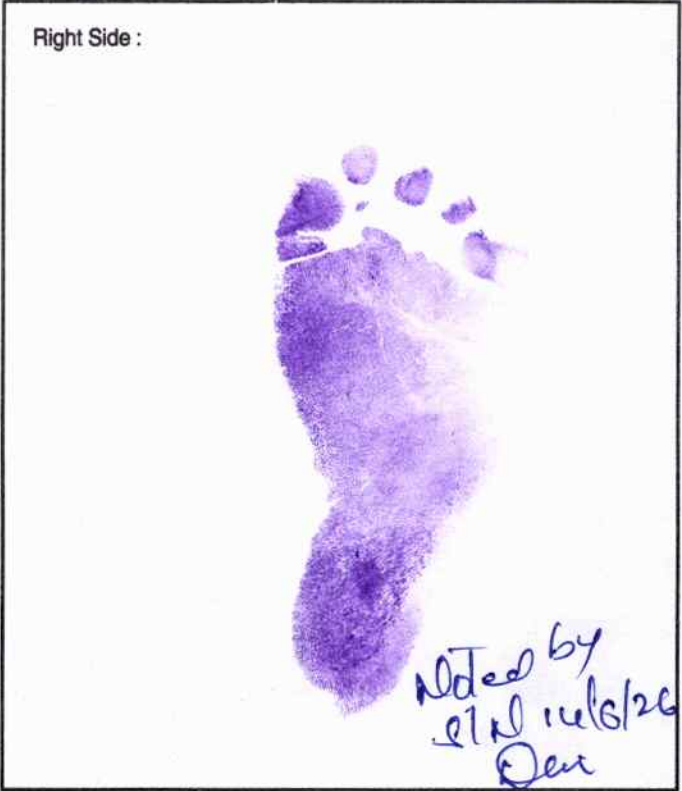
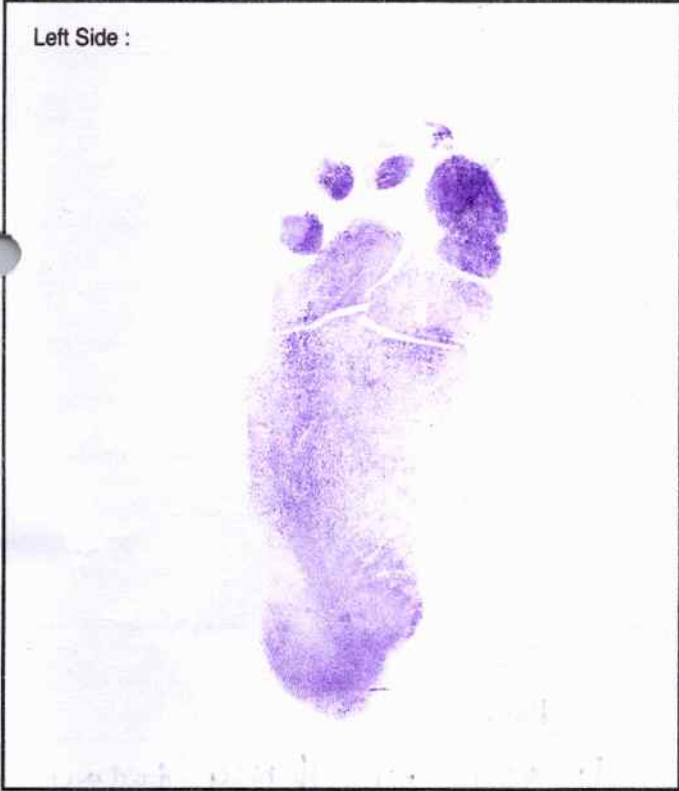
ATNR : Skull and Spine :

Any Congenital Anomalies :

(N)

Diagnosis : late protern (36 + 5) | -AGA | El-LSCS | 2.869 | ^{Cumbal} Sacral tail | TTVB | mch

FOOT PRINTS



Resident Doctor :
Signature : *Suminaa*
Name : *G. Suminaa*
Date & Time : *12/6/26*

Consultant :
Signature : *R. Hanbaan*
Name : *R. Hanbaan*
Date & Time : *14/6/26*

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 :

Plan

1. USG spine & NSG today
2. O₂ feeds 15ml end hly
3. Rams canula CPAP
4. Neurosurgeon opinion after ECHO USG
5. IVFIO r dextrose @ 9.3mg
6. CBC, Blood C/s, VBA P/ctbl
7. X-ray spine - AP/lateral
CXR

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)




DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
12/6/26		ELSB Dr. Haritharan / Dr. Srinivas
2 PM		<p>Arin - date preterm / AGA / EL-LSCS / Sacral tail / TTNB / Mch (36 + 5 wks) Lumbax RDS / wt fixed flexion deformity</p> <p>Baby on HFNC support @ 6L</p> <p>No episodes of desaturation, dropped till 70% HR - 94 bpm</p> <p>Picked up after increasing FIO₂ to 100 Now, FIO₂ is @ 40% RR - 54/min SpO₂ - 96% - maintaining Hemodynamically stable colon & perfusion - good HR - 130 bpm</p> <p><u>F&F</u></p> <p>Stopped oral feeds - NPO till further orders On 10% Dextrose - 9.3ml/hr</p> <p><u>P/A</u></p> <p>soft, no distension</p> <p><u>CNS</u></p> <p>any time / activity - good Tail in the lumbar region (wt) flexion deformity</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Adv

1. Cont HFNC support @ GL, FiO_2 -40%.
2. Send CBP, CRP, Blood culture, BGT
3. Start Piptaz, Amikacin
4. 2D Echo today.

NOTED BY
S/N.  011095
12/06/2026

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
12/6/26		CLS/B Dr. Hanikaran / Dr. Suminada
8 AM		Ag - date preterm / AGA / El. Lscs / Lumbas tail / Flexion deformity / RDS / Mch of (R) hand
		RS
		Baby on BL HFNC FiO ₂ - 30%.
		No episodes of apnea, desaturations
		Tachypnea (+)
		RR - 75/min \bar{c} subcostal retractions
		SpO ₂ - 92%.
		<u>CVS</u>
		Colon & perfusion - good
		Hemodynamically stable
		S ₁ S ₂ (+), HR - 130bpm
		Urine output - 1.4ml/kg/hr
		<u>F&F</u>
		Baby is on NPO
		IV fluid 10% dextrose - 9.3ml/hly
		TV - 80ml/kg/day
		<u>PIA</u>
		soft, not distended
		<u>CNS</u>
		Lumbas tail.
		Flexion deformity (+)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Adv

Dr. Siddhartha Sir

- 1. Pediatric ortho opinion } today
- Pediatric neuro opinion }
Dr. Anantha Sir

2. ~~cont~~ continue IV 10% dextrose @ 9.3ml/hr
NPO

3. Increase flow to 7l/min @ FiO₂ 30%.

4. Stop antibiotics band on culture report

5. Inform if FiO₂ requirement is more than 40%

R. Harshav

h
Sumras

Noted by Nagendra (*)

13/6/26
5 PM

SIB Dr. Anantha / Dr. Yash

- Baby Reviewed
- Tachypnea (+) (70/min), Retraction (SCR+)
- Distress (+)
- Baby on 7l/min HFNC

CITIA - good

Vitals

HR - 140 BPM
RR - 70/min
SpO₂ - 100%
BP - 63/48 mmHg

Act

- cont. HFNC @ 7l/min
- Inform if FiO₂ Requirement more than 40%
- cont. IV 10% 9.3ml/hr

Jayash

04/6/26

CLSB Dr. Hariharan / Dr. Suminaa

8PM

4PM

Dis - late preterm / AGA / El. LSCS / dumb tail
(36 + 5 weeks)

flexion deformity / RDS / Mdr
of \oplus hand

Baby on HFNC @ F_{iO_2} 0.2
 F_{iO_2} - 35%.

2.869 kg
Birth weight - ~~2.69 kg~~
Current weight - 2.69 kg

↓ 193 gms
5%.

1 episode of desaturation dropped till 80%,

picked up after prone positioning

Tachypnea \oplus

RR - 71/min SpO_2 - 96%.

CVS

Hemodynamically stable

$S_1 S_2$ \oplus

HR - 137 bpm

Colour & perfusion - good

urine output - 4.1 ml/kg/hr

F&F

9.3 ml/hr IV dextrose 10%.

Temp - 100.3 @ 5AM

TV - 80 ml/kg/day

PIA

soft, non distended

Inj. Piptaz - D3

CNS

cry tone (activity) - good

Inj. Amikacin - D3

flexion deformity of \oplus hand

dumb tail

14/6/26
8pm

c/s/B Dr HH/Dr SV

Case Rebreasal,

↓ B Epop @ 6 lO₂

fio₂ - 40%.

Multiple episodes of desaturation - till spo₂ - 80%.

vitals

HR - 130/min

RR - 65/min Tachypnoe ⊕

spo₂ - 98%.

C/T/A - ⊕

colour + postfusion - good

On feed 2ml Q2nd 6 to 7.8 @ 11ml/hr

plan

~~1) treat central apnoea~~

1) w/ff airways.

2) cont feeds 2ml Q2nd 6

3) continue B Epop @ 6 lO₂
fio₂ - 40%.

for
Dawson

N.B
Dawson
01499
14/06/26.

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040714 IP22-00023241
Pa Baby B/O SIDAGAM ANNAPURNA
12-06-2026 0 Y 0 M 2 D (M)] F
Ag Dr. TIRUMALABETTY PARAMESH
I.F


DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
15/6/26		CLS/B Dr. Paramesh / Dr. Hariharan / Dr. Suminaa
3PM		Am - date preterm / AUA / El. LSCS / Lumbal tail /
		(36 + 5 weeks) Flexion deformity of hand / RDS / Mch
		Birth weight - 2.869kg
		Current weight - 2.716kg
		Baby is on bubble CPAP
		5/35
		Tachypnea (+)
		RR - 70/min, SpO ₂ - 92%
		↓ sed work of breathing
		<u>CVS</u>
		Hemodynamically stable
		colour & perfusion - good
		S, S ₂ (+), HR - 147bpm
		U/O - 3.5ml/kg/hr
		UVC - day 2
		<u>FXR</u>
		On IV fluids - 10% D - 11ml/hr
		Feeds 2ml and 2ml only
		Tolerating well
		No vomiting, aspirations
		<u>CNS</u>
		Flexion deformity of hand - (+)
		Splint - (+), pulses - (+)
		colour - pink, no bluish discoloration
		Grasp - good
		Tone of upper & lower limbs - good

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Adv

1. cont iv fluids 100/8/4/1

2. cont 2nd and 2nd hly feeds

3. cont B-CPAP - 5/35

4. Opthal consultation today

5. cont Tobramycin eye drops

Sumina

15/6/25
6PM

CIS/B Dr. Paramesh | Dr. Harikaran | Dr. Jayasuya | Dr. Sumina

Baby reviewed

Baby on bubble CPAP - 5/30/1.

Tachypnea ⊕

No episodes of desaturation, apnea

CVS

Hemodynamically stable

Color & perfusion - good

S₁S₂ ⊕ HR - 142 bpm

F&F

On fluids - 11ml/hr 10% dextrose - Nacl - Kcl
8 - 4 1

Feeds - 2nd and hly OA feeds

Tolerating well

No vomitings, aspirations

15/6/26

SIB. Dr. Jayasurya / Dr. Yash

11 PM

- Baby, Reviewed
- Baby on CPAP (62/30/6)
- Tachypnea (+)
- Tolerating feeds

Vitals HR - 120 BPM
RR - 70/min
SpO₂ - 100%

Adm

- Cont. CPAP
- Cont IVF (+)
11 ml/hr and
feed 2ml @ 2nd hr
- WIF Distress

Noted by
Shruti
02089
@ 11pm (15/6/26)


Dr. YASH



PROGRESS NOTES

(USE BALL POINT PEN ONLY)

HCV-00040714 IP22-00023241
 Baby B/O SIDAGAM ANNAPURNA
 12-08-2026 0 Y 0 M 2 D (M)
 Dr. TIRUMALASETTY PARAMESH F


DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
16/6/26		CS/B Dr. Paramesh / Dr. Harikaran / Dr. Jayasuya / Dr. Suminaa
		Am - Late preterm / ACP / El. LSCS / dumb bar tail / Flexion deformity of hand / RAS / Arch
		(36 + 5 weeks)
		Day 5 of life
		Birth weight - 2.867 kg ^{WNT}
		Current weight - 2.610 kg
		↓ 48 gms
		<u>RS</u>
		Baby on bubble CPAP - 6/30
		No episode of apnea, desaturations
		No episode of bradycardia
		No signs
		Tachypnea (+)
		RR - 76/min SpO ₂ - 98%
		<u>CVS</u>
		Hemodynamically stable
		Sys 2 (+), HR - 112 bpm
		Color & perfusion - good
		Urine output - 2.9 ml/kg/hr
		<u>FAF</u>
		On IV fluids 11 ml/hr - 100 / 5 / 4 / 1
		on oral and hly O ₄ feeds - 24 ml/day
		TR - 102 ml/kg/day
		Tolerating feeds well
		No vomiting, aspirations

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

crystal activity - good

② hand fixed flexion deformity splint ①

Grasp ①

colour ① no bluish discoloration

↓ SSPT

Adv

1. ~~can try to increase feeds 4ml 2nd hly~~
2. ~~can bubble CPAP -- 5/30~~
3. Tape & stop @ CPAP support, w/ deaerations
4. Increase feeds to 5ml $\xrightarrow{3\text{ feeds}}$ 10ml $\xrightarrow{3\text{ feeds}}$ 15ml $\xrightarrow{3}$ 20ml
5. stop SSPT
6. GRBS 8th hly monitoring
7. Plan MRI spine after dishes settles

Paramahit

NB. Meghana (04/07/27)

16/6/28 @ 8am

feeds 5ml →	9.5ml/hr
10ml →	7ml/hr
15ml →	4.5ml/hr
20ml →	2ml/hr

R. Fenboon

NB. Megha (04/07/27)
16/6/28 @ 8/1am

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

HCV-00040714 IP22-00023241
Baby B/O SIDAGAM ANNAPURNA
12-08-2026 0 Y 0 M 2 D (M)
Dr. TIRUMALABETTY PARAMESH

M F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
16/6/26	5 PM	CL/B Dr. Paramesh / Dr. Hariharan / Dr. Suminara
		Dis - date preterm. / AGA / lumbar / Flexion deformity of (36 + 5 wks) tail @ hand / RDS / OINT
		Baby on 0.2 lit LFNC
		1 episode of desaturation @ 11 AM, upto 80% before when baby was on room air
		No episodes of desaturations later
		No episodes of apnea
		Tachypnea (+)
		RR - 68 / min, SpO ₂ - 97% ↓ 0.2 lit LFNC
		Hemodynamically stable
		colour & perfusion - good
		S ₁ S ₂ (+), HR - 120 bpm
		on IV fluids - 7 ml/hr
		ē feeds 10ml 2nd July
		Tolerating feeds well
		No vomitings, aspirations
		cry / tone / activity - good
		(+) hand fixed flexion deformity
		Grasp (+)
		Pulse (+)
		Colour pink - no bluish discoloration
		CRBS - 104 mg/dL

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
12/6/26	8AM	CLSB Dr. Paramesh Dr. Hariharan Dr. Jaya Suya Dr. Suminera
		Acin - date preterm / AGA / Lumbosacral / Flexion deformity (36+5 weeks) PMA - 37+3 days of (R) hand / RDST/MNJ
		Day 0 of life
		Birth weight - 2.869 kgs
		Baby on 0.2 lit LFNC Cunit weight - 2.7 kgs
		No episodes of apnea, desaturations ↑ 30 gms
		No retractions
		RR - 60/min spo ₂ - 94% ↓ 0.2 lit LFNC
		Hemodynamically stable
		Colour & perfusion - good, looks - icteric
		S ₁ S ₂ (+), HR - 160 bpm
		On IV fluids - 2ml/hr
		feeds - 20ml and hily
		TR - 100 ml/kg/day
		Tolerating well
		No episodes of vomitings, aspirations
		<u>CNS</u>
		cry time / activity - good
		(L) hand - splint (+)
		fixed flexion deformity
		grasp (+)
		colour - pink
		GRBS - 8mg/dl @ 7AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Plan

1. Taper O₂ to room air
2. Continue ^{incres} feeds @ ~~20~~²⁵ ml and hily ^{6 feeds} → 30ml
3. GRBS sth hily monitoring
4. Plan MRI spine after baby stabilizes
5. If tolerating feeds well, remove orc

In
Suminar

SIN NOTED BY MOUNIKA
17/6/2026 @ 10 AM

17/6/26
10 PM

cls/B Dr. paramesh / Dr. praveen / Dr. Belag

DRG: (ate preterm) AGA / Umbosacerd /
tail

- on room air
- no desaturation, tachypnea
- hemodynamically stable
- color & perfusion - good
- cry/renal activity - good
- on O₂ feed 30ml / 2hrly

flexion
of ^{deformity} @ hand

Vitals:

- HR → 158/min
- SpO₂ → 95% on RA


Advice:

- cont. O₂ feed 30ml / 2hrly
- GRBS monitoring @ sth hily
- plan MRI spin, if baby stable

J. B. A. M.



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient HCV-00040714 IP22-00023241
 Baby B/O SIDAGAM ANNAPURNA
 12-08-2026 0 Y 0 M 4 D (M)
 Dr. TIRUMALABETTY PARAMESH
 I.P. No 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
19/6/26		cls/B Dr. Paramesh / Dr. Hariharan / Dr. Jayasujya / Dr. Sumanav
8 AM		Am - Kate preterm . ACPA / umbosacral tail / flexion deformity
		(36+5) of @ hand / RDS / NNT
		Day 2 of life Birth wt 4-869 gms
		Baby is self ventilating on room air Current weight 2710 gms
		No episodes of desaturations, apnea T 10 gms
		No signs of distress, tachypnea, retractions
		RR - 60/min, SpO ₂ - 95% URA
		<u>CVC</u>
		Hemodynamically stable
		colour & perfusion - good
		S ₁ , S ₂ @, HR - 120 bpm
		Urine output - 3 ml/kg/hr
		<u>FF</u>
		on OA feeds - 30 ml 2nd hly
		TV - 125 ml/kg/day
		Tolerating well
		No vomitings, aspirations
		<u>CNS</u>
		cry (tone) activity - good
		@ hand flexion deformity splint @
		No bluish colorish
		pulse - good
		<u>P/A</u>
		soft, not distended
		CRBS - 83 mg/dL

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Plan

1. Try spoon feeds 25-30ml and hly spoon feeds + GDBF
2. cont SSPT
3. CRBS monitoring 12th hly
4. MRI spine on OPD basis after discharge

Parameter:

SIN NOTED BY SUMINA
016413
18/6/2026
@9AM

18/6/26
SPM

CLSB Dr-Haiharan | Dr-Sumina

Baby reviewed

Baby self ventilating under room air, no desaturations

↓ SSPT

On 25-30ml spoon feeds, tolerating well

⊕ hand - no discoloration
pulse good

Other vitals

HR - 117 bpm

SpO₂ - 99%

Temp - 36.5 °C

Adv

1. cont spoon feeds 25-30ml and hly + GDBF
2. CRBS monitoring 12th hly
3. w/f distress

Sumina
Noted by
G. Kowsalya
02/09/26



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040714 IP22-00023241
 Baby B/O SIDAGAM ANNAPURNA
 12-08-2026 0 Y 0 M 5 D (M) F
 Dr. TIRUMALABETTY PARAMESH

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
12/6/26	11pm	e/s/B Dr [Signature] c/s/B Dr Ananth / Dr Sreekanth.
		Baby Reviewed, Currently on Room air, No desaturation on spoon feeds 25-30ml Q2h + 6DBF.
		Colour of perineum - good. E/T/A - good urine stool - passed
		<u>Plan</u> 1) GRBS - Q12h 2) Continue spoon feeds 25-30ml Q2h + 6DBF
		noted by [Signature] 021089 12/6/26 @ 11pm.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

19/6/26
8PM

CLs/B Dr. Paramesh | Dr. Hariharan | Dr. Jayasurya | Dr. Suminaa

Ans - date preterm | AQA | dumbo sacral tail | Flexion deformity of
(36+5) (R) hand | ROS | NLI

Day 8 of life

Birth weight - 2.869 kg

PMA - 37wks + 5 days

Today's weight - 2.630 kg

Baby is self ventilating in room air

No apnea, desaturations

No episode of bradycardia

RR - 58/min SpO_2 - 95%

CVS

Hemodynamically stable

colour & perfusion - good

$S_1 S_2$ (1), HR - 122 bpm

urine output - 3.6 ml/kg/hr CRT < 3sec

GxG

ON 25-30ml and only spoon feeds + OBF

Tolerating well

No vomitings

CNS

ing, tone/activity - good

(R) hand fixed flexion deformity

splint (1)

No bluish discoloration of hand

pulse - good

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		<u>PIA</u>
		soft, not distended
		mine } passed stool
		CRBS - 91 mg/dl @ 7AM
		<u>Adv</u>
		* DBF 82H (OD) 80-50ml spoon feed 2 nd honey
		* Stop TOBRAMYCIN bromed
		* Start Ato 2 drops 0.5ml OD → BD
		* Start Vitamin D ₃ 0.5ml OD
		* Shift to ward Today
		* MRI spine on follow up
		* Oetho review on follow up
		<u>R. Hanhan</u>
		<u>(Dr. Jayaram)</u>
		Makes By <u>Krishna</u> 19/6/2026 at 7:17

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

19/6/26
spm

CLUB Dr. TP / Dr. Balaji

Dx: late preterm / AGA / umbosacral tail /
RDS / NNS. Henson deformity
Cj @ hsn)

- on room air,
no desaturatorn, tachypnea
- Cx/Towel activity → good.
- urine }
stool } passed.

Advice.

- DBF every 2nd hrly Flb burping
- A to z drops / vit-D₃ drops
- MRI Spine on followup &
ortho review.

Noted By Kinky-010116
19/6/26 6pm


BALAJI

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/26	8AM	cls/B Dr. Phaniharan / Dr. Balaji
		Dxfr. late preterm / AGA / Umbosacral flexion deformity of twl. (P) hand
		Birth wt 2.869kg C. wt 2.585kg
		on room air, no desaturation / tachypnea. cry/sternal activity + good urine } stool } passed.
		20/6/26
		* Continue Every 2nd Hly Dxfr
		* Continue VitD ₃ / A to Z
		* TSB, TFT. (TSH, FT ₄)
		* if TSB normal discharge
		* left hand splint
		<u>R. Harshan</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



CONSULTATION FORM

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

BirthRight
BY RAINBOW HOSPITAL
Your Right to a Safe Delive

Doctor Name : Dr M Siddardha

Date : 19/06/2026 Hour : 1:15 pm

Hospital : RCH, Antora

Type of Referral : Emergency (within one hr.)

Referred for : Opinion Co-Management

Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Transfer of care

Date : 19/6/26 Time : 1:15 pm By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____ M.D.

Report of Findings and Recommendations :

Case seen by Dr M Siddardha

K/C/O. Late pre-term, c Resp distress c left forearm presented c wrist flexion deformity.

Initially managed on passive splinting of the left wrist in Neutral position.

At present, O/E

- Splint removed - left forearm & wrist

- Active supination of the left forearm presented

- Active wrist extension upto Neutral w/td - intermittently.

- wrist in flexion when dorsiflexed & forearm attitude.

- Active finger extension present

Adv

- No splinting required at present

Consultant : Advised gentle passive extension of the wrist c supination of the forearm while feeding / intermittently.

Name : Dr M Siddardha Signature : _____ Date & Time : 19/6/26, 1:15 pm

NOTE : If more space is required use another consultation sheet as continuation

- To Review after 1 month or later on follow up visit for further assessment and management.




DM Siddiqui

17/05/2008

17/05/2008

17/05/2008

17/05/2008

17/05/2008

17/05/2008

17/05/2008

17/05/2008

17/05/2008

17/05/2008

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17/05/2008

17/05/2008

17/05/2008

17/05/2008

17/05/2008

CONSULTATION FORM

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

BirthRigh
 BY RAINBOW HOSPITAL
 Your Right to a Safe Delive

Doctor Name : Dr M Siddardha
 Date : 13/06/2026 Hour : 12:25 pm

Hospital : RCH

Type of Referral : Emergency (within one hr.)

Referred for : Opinion Co-Management
 Transfer of care

Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Date : 13/6/26 Time : 12:25 pm By : DR. M. Siddardha

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:
Late preterm / Resp. distress / c left forearm pointed c wrist flexion deformity.

Signature: _____ M.D.

Report of Findings and Recommendations :

Case seen by Dr M Siddardha
 Thanks for Referral.
 A 1 day old, male child - delivered by LSCS. Presented c
 Resp distress, limb vestigial tail, c forearm pointed & wrist flex
 deformity.
 Obs: Spine clinically appear normal c vestigial tail
 Both lower limbs in flexion, abduction c active movements in
 stimulation.
 c left upper limb. Forearm pointed c wrist flexed
 attitude c fingers in extension at rest. 94% full
 firmness of the wrist flexors present.
 No other abnormal noted at present.

Consultant :

Name : Dr M Siddardha Signature : _____ Date & Time : 13/06/2026

NOTE : If more space is required use another consultation sheet as continuation

Neutrophils: 82%

Adv

Δ: ? (LT) BRACHIAL plexus palsy / CONTRACTURE of FOREARM FLEXORS

FOR EVALUATION

✓ No Active intervention at present

✓ Advised to maintain (LT) wrist in neutral position in a splint.

✓ Shall review after 2 days / once child is improved from respiratory distress

Dr M Siddiqui

15/06/2026 / 12:00 pm

Cfs by pediatrics Dr M Siddiqui

- Persisting Resp. distress

- (LT) wrist supported on splint

- (LT) forearm - pronated attitude

active Elbow & shoulder movement

Adv

to review once the baby is out of aICU.

Dr M Siddiqui

CONSULTATION FORM

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

BirthRight
BY RAINBOW HOSPITAL
Your Right to a Safe Delive

Doctor Name : Dr. P. Ananth.

Date : 13/6/2026 Hour : 9.30A

Hospital : RCH

Type of Referral : Emergency (within one hr.)

Referred for : Opinion Co-Management

Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Transfer of care

Date : 13/6/26 Time : 9.30A By : Dr. P. Ananth

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis: Late Preterm / AGA / Umbra tail / flexion deformity / RDS @ Lt hand

Signature: _____

M.D. _____

Report of Findings and Recommendations :

1/B Dr. Ananth

1 day baby

2) - Vestigial Tail in lumbar/lumbosacral region

Fixed flexion deformity of (H) UL @ Wrist & Elbow

o/e: - child Grunting / on HAVC

- (H) UL fixed flexion deformity

- Tail appearing not connected to underlying spine

- DTR'S : - (H)

- CM / Tone / (H)

P.T.O

Consultant :

Name : Dr. Ananth Signature : _____ Date & Time : 13/6/26

NOTE : If more space is required use another consultation sheet as continuation

Paired
Urine
Serum Creatinine

1) TO do x Ray left hand & wrist. < AP Lat

2) Spinal USG

3) TO R/O VACTERL anomalies
Would g be value

4) Plan further evaluation
after ortho opinion

5) Plan Elective MRI spine (1c spine).

CONSULTATION FORM

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

BirthRight
BY RAINBOW HOSPITAL
Your Right to a Safe Delive

Doctor Name : DR. SUYESHA-N
Date : 15/06/26 Hour : 30 mins

Hospital : RCH

Type of Referral : Emergency (within one hr.)

Referred for : Opinion Co-Management

Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Transfer of care

Date : 15/6/26 Time 6pm By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

late post term (A/GA) Et. LSCS / lumbar tail / Flexion deformity (RDS) / Mch of uterine.

Signature: _____

M.D. _____

Report of Findings and Recommendations :

- History Noted.
- BE Dolls Eye Reflex seen.
- Anterior Segment (BE) Eyelids Normal
- Conjunctiva Normal
- (BE) Cornea clear & Normal sheen
- (BE) Normal A.C. Depth
- (BE) Pharmacologically Dilated Pupil
- (BE) Clear lens.

Anterior Segment : Both Eyes
 Media clear
 Disc normal, seen until second order vessels
 Blood vessels Normal
 Background Normal
 Macula PR(+), Retina On.

Impression: Normal Anterior & Posterior segment at the time of examination.

Consultant :

Name Dr. Suresha N. Signature : Suresha Date & Time : 15/6/2026 6:20pm

NOTE : If more space is required use another consultation sheet as continuation

Patient No		IP No. 23241	Sheet No. 1	Wards NICU	Weight (kg) 2.8kg
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REGULAR PRESCRIPTIONS

DRUG : INJ. PIPTAZ				Date	12/6	13/6	14/6											
Dose	Route	Frequency	Start Dt.	Time														
280mg	IV	Q8hly	12/6															
Name & Signature of the Doctor starting the Drugs: <i>Suminaa</i>				<div style="display: flex; justify-content: space-between;"> 10AM 12PM 2PM 4PM 6PM </div>														
				<div style="display: flex; justify-content: space-between;"> 10AM 12PM 2PM 4PM 6PM </div>														
Additional Instructions				<div style="display: flex; justify-content: space-between;"> D1 D2 </div>														
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> 10AM 12PM 2PM 4PM 6PM </div>														

DRUG : INJ. AMIKACIN				Date	12/6	13/6	14/6											
Dose	Route	Frequency	Start Dt.	Time														
40mg	IV	Q24hly	12/6															
Name & Signature of the Doctor starting the Drugs: <i>Suminaa</i>				<div style="display: flex; justify-content: space-between;"> 5PM </div>														
				<div style="display: flex; justify-content: space-between;"> 5PM </div>														
Additional Instructions				<div style="display: flex; justify-content: space-between;"> D1 D2 D3 </div>														
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> 5PM </div>														

DRUG : TOBRAMYCIN EYE DROPS				Date	14/6	15/6	16/6	17/6	18/6	19/6	20/6							
Dose	Route	Frequency	Start Dt.	Time														
2°	B/E	Q6H	14/6															
Name & Signature of the Doctor starting the Drugs: <i>R. Hanahira</i>				<div style="display: flex; justify-content: space-between;"> 2PM </div>														
				<div style="display: flex; justify-content: space-between;"> 2PM </div>														
Additional Instructions				<div style="display: flex; justify-content: space-between;"> 2PM </div>														
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> 2PM </div>														

DRUG : A to Z drops				Date	19/6													
Dose	Route	Frequency	Start Dt.	Time														
0.5ml	P/O	Q12hly	19/6															
Name & Signature of the Doctor starting the Drugs: <i>Suminaa</i>				<div style="display: flex; justify-content: space-between;"> 10AM </div>														
				<div style="display: flex; justify-content: space-between;"> 10AM </div>														
Additional Instructions				<div style="display: flex; justify-content: space-between;"> 10AM </div>														
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> 10AM </div>														

HCV-00040714 IP22-00023241
 Baby B/O SIDAGAM ANNAPURNA
 12-06-2026 0 Y 0 M 6 D (M)
 Dr. TIRUMALABETTY PARAMESH

Right
 HOSPITALS
 Safe Delivery

Ref. No. : F / HW / DC / RP / INPR / 05.a



I.P. No.
23241

Sheet No.
2

Wards
NICU

Weight (kg)
2.84

REGULAR PRESCRIPTIONS

DRUG : VITAMIN D ₃ DROPS				Date															
				Time	19/6														
Dose	Route	Frequency	Start Dt.																
0.5ml	PO	Q24Hly	19/6	11AM															
Name & Signature of the Doctor starting the Drugs:																			
Suminaa																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG :				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG :				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG :				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG :				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
<p>How to use</p>	<ul style="list-style-type: none"> • Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (highest) per behavior. 	<ul style="list-style-type: none"> • Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
<p>Scoring/ Documentation</p>	<ul style="list-style-type: none"> • Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record. 	<ul style="list-style-type: none"> • Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record
<p>Interpretation</p>	<ul style="list-style-type: none"> • Desired levels of sedation vary according to the situation. • Discuss and determine sedation goal with provider. <ul style="list-style-type: none"> • "Deep sedation": goal score of -10 to -5 <ul style="list-style-type: none"> • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea • "Light sedation": goal score of -5 to -2 • Reassess patient per frequency in local sedation policy • A negative score without the administration of opioids/ sedatives may indicate: <ul style="list-style-type: none"> • The premature infant's response to prolonged or persistent pain/stress • Neurologic depression, sepsis, or other pathology 	<ul style="list-style-type: none"> • Does not provide pain intensity rating. • Any score greater than 3 indicates the possibility of the presence of pain in the infant <ul style="list-style-type: none"> • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological). • Reassess patient per frequency of local pain policy. • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

PATIENT TRANSFER FORM

Patient Name / I.P. No B/o.S. Annapurna	Date & Time of Admission 12/06/26 at 10:59^{AM}	Date & Time of Transfer Order 19/06/26 at 12^{PM}	
Treating Consultant Dr. T. paramesh	Transfer ordered by Dr. Jayaswiza	Reason for Transfer Mother side	
From Bed / Ward / Hospital NW	To Bed / Ward / Hospital ward.	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 58	Number of Imaging films X-ray - (2) 2 DECTO - (1) USG abdomen - (1) USG low spine - (1)	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Baby wipes - (1)		
2.	Baby Diapers - (2)		
3.	Baby feeding Bottles - (1)		
4.	A to Z drops - (1)		
5.	Vitamin D3 Drop - (1)		
Shifting Summary / Notes written by Doctor:			
Name of Signature of Person filling this part G. Kowsalya	Name of person ordering transfer Dr. T. paramesh.	Name & Signature of Nurse Supervisor Boniza.	Referral note & referral Doctor Name:
Patient & Clinical records received by: Santhosh M			
Signature with Date & Time [Signature] 12-30PM 19/6/26.			

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

PATIENT TRANSFER FORM

Patient Name / I.P. No <i>Blo-Annapurna</i>	Date & Time of Admission <i>12/6/26 @</i>	Date & Time of Transfer Order <i>12/6/26 @ 10:35am</i>	
Treating Consultant <i>Dr. Paramesh</i> <i>DR. Haribhavan</i>	Transfer ordered by <i>Dr. Jayaswara</i>	Reason for Transfer <i>New Admission.</i> <i>(New Born case)</i>	
From Bed / Ward / Hospital <i>NICU</i>	To Bed / Ward / Hospital <i>NICU.</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</i> ⊕		
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Paramesh</i>	Name of person ordering transfer <i>Dr. Jayaswara.</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Nageswari</i> <i>04201</i>			
Signature with Date & Time <i>12/6/26 at 10:40AM</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



CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT (NICU)

I P. Chandra Rao S/o Mr./ Ms
 hereby declare that our patient Mr. / Ms B/o Annapurna who is related to me as
son is getting admitted in the Neonatal Intensive Care Unit (NICU) of Rainbow Children's
 Hospital on 12/6/26 with UHID No. :

The doctors have explained to me in a language understood by me that my child has following health related
 issues: late preterm
sacral tail
Respiratory distress syndrome

The doctors have clearly explained to me that my patient Mr./ Ms. B/o Annapurna
 during his / her stay in the NICU may undergo various medical and surgical procedures like airway
 management, mechanical ventilation, UAC, UVC (Umbilical Vein and Arterial Lines) PICC Line and arterial line
 placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent
 for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available
 for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my
 child.

I understand that a sick child in NICU has life threatening medical conditions.

I understand that when a child is sick in the NICU with multiple medical and surgical procedures performed
 upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form
 of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms :.....
 in the NICU fully understanding the associated risks involved from various
 procedures, high risk medications and infections in the NICU and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : P. A. pcyob4
 Name : Pinninti chandra Rao
 Relationship with Patient: Father
 Date & Time : 12/6/2026 12pm

Witness :

Signature : [Signature]
 Name : [Signature]
 Date & Time : 12/6/2026

Doctor (who is taking the consent) :

Signature : R. Hembar
 Name : R. Hembar
 Date & Time : 12/06/26



CONSENT FOR SPECIAL PROCEDURES AND SEDATION

HCV-00040714 IP22-00023241
Baby B/O SIDAGAM ANNAPURNA
12-06-2026 0 Y 0 M 2 D (M)
Dr. TIRUMALASETTY PARAMESH

Date :

I, P. Chandra Rao S/DW/O

hereby consent for the procedure of UVC

For my patient / myself named B/o Annapurna UHID NO. 40714

The doctors have clearly explained to me in language known to me about the following possible complications of the procedure: -

The doctors have explained to me about the alternative to the procedure as : Picc line

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : -

I have been explained about possible complication of sedation such as: fall in blood pressure
Fall in heart rate , suppression of spontaneous breathing , others -

I have been explained about the alternative to the sedatives as :

I have understood the matter mentioned above and give consent for the procedure as well as sedation.

Name of the Doctor performing the procedure : Dr. Haribaran

Name of the Doctor administering the sedation: -

Patient Attendant :
Signature : P. Chandra Rao
Name : P. Chandra Rao
Relationship with Patient: father
Date & Time : 14/6/2026 2pm

Witness :
Signature : [Signature]
Name : [Name]
Date & Time : 14/06/2026 2pm

Doctor (who is taking the consent) :
Signature : R. Haribaran
Name : R Haribaran
Date & Time : 14/06/26 2pm

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం



పేషెంట్ పేరు :
 లింగం: పు స్త్రీ
 ఐ.డి.నెం.
 వయస్సు.....డిపార్ట్‌మెంట్. :
 తేది:.....

నేను.....S/D/W/O.....

నేను/నా బాలుడు / బాలిక ఐ.డి.నెం.

జరుగు..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.
 డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా.....

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్ కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

రక్తపోటు తగ్గుతుందని గుండె రేటు తగ్గుట సహజ శ్వాస తగ్గుట ఇతర కారణాలు :.....

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు.నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు :

మత్తు ఇచ్చు డాక్టరు పేరు :

సహాయకుడు :

సాక్షి

సంతకము :

సంతకము :

పేరు :

పేరు :

తేది మరియు సంతకము :

తేది మరియు సమయము :

డాక్టర్ :

సంతకము :

పేరు :

తేది మరియు సమయము :