

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023325 Admit Date : 20-Jun-2026 Admit Time : 09:35 AM UHID : HCV-00040922

Patient Details :

Patient Name : Baby B/O M B A PRIYANKA Age : 0 D
Guardian : P RAJA SEKHAR DOB : 20-06-2026 08:47 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : Yendada Visakhapatnam Andhra Pradesh Phone No : 9703960490/ 9100225075
INDIA 530045 E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : BASINET Bed No : CRDL-DLX-203-1 Ward Name : 2F-SECOND FLOOR
Room No : CRDL-DLX-203-1 Admission Type : First Visit

Contact Details :

Name : P RAJA SEKHAR Relationship : Baby/O
Contact Address : Yendada Visakhapatnam Andhra Pradesh Phone No :
INDIA 530045


Signature

Doctor Details :

Doctor Name : Dr. MARPI SURYA PRASADA RAO Specialisation : GENERAL PEDIATRICS
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

OPV done - 20/6/26
vaccination - 20/6/26 } DR. Balaji
Red Reflex - 20/6/26

ACTIVITY RECORD FOR BILLING

Name:-----

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

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

Room / Bed No : Estimated Billable bed type:.....

HCV-00040822 IP22-00023325
Baby B/O M B A PRIYANKA
20-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. MARPI SURYA PRASADA RAO



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/06/26	10:30 AM	MIU	203	Rude

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
20/6/26	BGT, TSH, TY	13293 ✓	Malath
20/6/26	GRBSat 9AM 75mgdl	13297 ✓	Rudy
			Cross checked darcy Meth
22/6/26	TSB	6013400 ✓	Pallavi
22/6/26	TEOE	690321 ✓	Pallavi
Cross checked by Pallavi 26/6/26			



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : MBA Priyanika Age : 34yrs Father's Name : Age :
 Date of Birth : Date of Admission : I.P. No.:
 NICU Consultant : Dr. Surya Prasad Referring Consultant : Dr. Vasudhar
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Priyanika Mother's Blood Group : AB +ve
 Gender : M F Blood Group : AB +ve Birth Weight (gms) : 3.45 kg Length (cms) :
 Date of Birth : 20/6/26 Time of Birth : 8:47AM OFC (cms) :
 Place of Birth : ACh, Vizag Estimated Gesth Age : 39 weeks + 2 days

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 34yrs Ht : 159 Wt : 82 kg BMI : Married Life : 8yrs LMP : 18/9/25 EDD : 25/6/26
 Conception : Spontaneous or with Rx : Spontaneous conception
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : Spontaneous conception, SLUG - 38 weeks 6 days / cephalic
post placenta AFI - 14.9 EFW - 3.505 kg Doppler - @ @ 12/6/26 Immunized
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs</p> <p>Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>H/o PIH (after 20 weeks) / PE</p> <p>How many Drugs / Doses / Since how long : <u>PE screen < 27 wks +ve</u></p> <p>H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :</p> <p>IUGR - when detected :</p> <p>Doppler (Increased Resistance / ADEF / RDDF / Redistribution in MCA) / Ductus Venosus :</p> <p>AFI :</p>	<p>H/o GDM/ pre GDM/ on diet or insulin</p> <p>Controlled or not, recent values, HbA1 values :</p> <p>Compliance with Rx :</p> <p>Scans : LGA, TIFFA, Fetal Echo :</p> <p>H/o Hypothyroidism : when diagnosed ? Medication?</p> <p>.....</p> <p>Any other Chronic Medical Problems, when detected drugs ?</p> <p>(Anemia, SLE, Jaundice, CHD, Heart Disease)</p> <p>Infection : H/O, Fever</p> <p>(<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV)</p> <p>UTI : when : Any culture :</p>
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :

G4 → 2024 - missed abortion at 7w - medically managed 9.58. Missed abortion
 9.6 - Spontaneous

PAST OBSTETRIC HISTORY

G: 6 P: A: 4 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1 →	2018	-	Blighted ovum			
G2 →	2020	-	Full term / NVD / Fch		3.2 kg, 6 yrs at present	
G3 →	2024	-	Missed abortion			

PERINATAL HISTORY

Treating Obstetrician : Dr. Vasudha Hospital : PCH, Vizag Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig) <i>Em. LSCS</i></p> <p>Second stage (> 2 hours after dilation) <i>non progression of labour</i></p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : <i>of labour</i></p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
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NEONATAL RESUSCITATION DETAILS

APGAR SCORE

Gestational Age : Weeks :

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	<100 / Minute	> 100 / Minute
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good Crying

	1 Minute	5 Minutes	10 Minutes
	1	1	
	2	2	
	2	2	
	2	2	
	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 :

HOP1:

A single live male baby is delivered via Em LCS w/o
non progression of labour

↓

Baby cried immediately after birth

↓

Cord clamped, shift to warmer

↓

Routine newborn care given

↓

Cord clamped, clean cut given

↓

inj. Vit K 1mg IM given

↓

Shift to mother side

GEB 5 - #5mg/dl

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

eng / tone / activity - good

VITALS : Temperature : 36.5°C HR : RR : NIBP : CFT : 23 sec

Colour of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : @ 95% @ 10 min

Anthropometry : Birth Weight : 3.453 kg 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 : } (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 : → 2A + IV
Discharge :

GENITILIA : Labia / Hymen : }
Testicles/penis : } male external genitalia
Anus : } BL testis descended

HERNIAL ORIFICES (N)

TRUNK and SPINE : (N)

SKIN LESIONS : (N)

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 40/min SCR / ICR / See - Saw breathing :

Scoring of respiratory distress if present (Silverman or Downe's) :

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : 99% JKA @ 10min Auscultation :

Breath Sounds : B/L A/E/C Added Sounds :

Cardiovascular System :

HR : BP : Precordial Activity :

Femoral Pulses : felt Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernial orifice :

Palpation : soft Anal Patency : patent

Palpable masses : Umbilical Cord : 2A+IV

Abdominal girth : First urine passed : not passed

Meconium passed : not passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

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 :

(N)

Diagnosis :

Team | AQA | Em. Lscs | 3.453 kgs | mch/well baby
(mother - klclo β -thalassaemia case)

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : *G. Suminora*

Date & Time : *20/6/16*

Consultant :

Signature : *[Signature]*

Name : *Dr. M. Suryaprasada Rao*

Date & Time : *20/06/26*

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 :

Adv

- 1. DBF and Inly flb keeping
- 2. Red reflex & birth vaccination to be done
- 3. CCHD screening @ 24hrs
- 4. TSB & adv NBS @ 48hrs
- 5. Cord blood BUT TSH, T4, B4
- 6. warmth care

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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

New Born Screening :

h
similar

noted by
huder

HCV-00040922 IP22-00023325
Baby B/O M B A PRIYANKA
20-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. MARPI SURYA PRASADA RAO



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark' [✓] the boxes as applicable)

Baby's Name: B/o priyanka Mother's Name: mrs priyanka

Date of Birth: 20/06/26 Time of Birth: 8:47 AM Gender: Male Female

Birth Weight: 3.453 Kgs HC: cm Length: cm

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

Term / Pre-term / Post-term: Term

Resuscitated: Yes No Blood Group: Mother: AB+ve Baby:

Feeding: Breast Feeding Formula Both First Feed Time: 9:20 AM

HCV-00040413 IP22-00023308
Mrs M B A PRIYANKA
28-02-1992 34 Y 3 M 22 D (F)
Dr. VENKATA VASUDHA NIDDARA

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

Indication:

Physical Assessment of New Born:

Temp: 98.6 °C HR: 146 /Min RR: 49 /Min BP: SpO₂: 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: 20/06/26
at 9 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / L1111 / 15
IP22-00023325
HCY-00040922
Baby B/O M B A PRIYANKA
20-06-2026
Dr. MARPI SURYA PRABADA RAO
O Y O M O D I H (M)
I. F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		cls/B ^{Praveen} Dr. Surya Prasad / Dr. Balaji
20/6/26	5pm	<p>Dx's: TERM AGA Em. UCL 3-453H (39 wks + 2 days). C-mother - β Thalassemia trait) - ? B/I testis undescend.</p> <ul style="list-style-type: none"> • cry/tone activity - good. • stool \rightarrow passed • urine \rightarrow not passed. • Feeding \rightarrow DBF
		Advice:
		Ad lib feeds
		CCHD screening @ 24 hrs of life
20/06/26	10pm	<p>S/B Dr. AD / Dr. AJ</p> <p>TERM/AGA/UCL</p> <p>TSB / NBS } after 4 hrs of life</p>
		<p>CHTA-good</p> <p>feeding well</p> <p>B/L descended. <u>pld</u></p> <p>urine \checkmark</p> <p>stool \checkmark</p> <p>1) TSB on 22/06/26 - 9AM after nappy</p> <p>2) cont Ad lib feeds</p>
		<p><i>(Signature)</i></p> <p><i>(Signature)</i></p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

noted by
Maca

21/6/26

cl/b Dr. Surya prasad / Dr. Balaji

8AM

24hr of life

DSIS: TERN / AQA / Em. LSCU / met / well baby

Birth wt - 3.453kg

C. wt - 3.308kg

cry / tone / activity - good

wt loss A 4.1%

urine / stool } passed

feeding + DBP

Advice

cont. Ad lib feeds

T/SB / NBS } T/m @ 9AM

Wt: evening 3.220kg

BALAJI

21/6/26

10PM

cl/b Dr.

Noted by Pallavi on 21/6/26 @ 8AM.
Hansa / Dr. Balaji

DSIS: TERN / AQA / Em. LSCU / met / well baby

cry / tone / activity - good

urine / stool } passed

feeding + DBP

Advice

cont. Ad lib feeds

T/SB / NBS } T/m @ 9AM

BALAJI

Noted by Hansa on 21/6/26

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040922 IP22-00023325

Baby B/O M B A PRIYANKA

20-06-2026 0 Y 0 M 0 D 11 H (M)

Dr. MARPI SURYA PRASADA RAO

Patient

Age :

I.P. N



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26	8 AM	CL/B Dr. Surya Prasad / Dr. Balaji
		DSIS: TERM / AGA / Em. LSC / MCH / well baby
		4 Thx glufs
		Birth wt → 3.453kg C. wt → 3.191kg net loss → 7.5% cry / tone / activity - good urine / stool / passed feeding → DBF
		Baby → AB +ve. mother → ASH +ve.
		Advice: cont. Ad lib feeds TSB NBS @ 9 AM today Review Friday → Vit D ₃ 0.5ml O.D - DIC Now.
		BAGATT
		Noted by Pannu @ 22/6/26 @ 2 PM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PATIENT TRANSFER FORM

Patient Name / I.P. No <i>B/o priyanka</i>	Date & Time of Admission <i>20/06/26</i>	Date & Time of Transfer Order <i>20/6/26 at</i>	
Treating Consultant <i>Dr. Surya prasad</i>	Transfer ordered by <i>Dr. Suminaa</i>	Reason for Transfer —	
From Bed / Ward / Hospital <i>MICU</i>	To Bed / Ward / Hospital <i>203</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 —	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.	<i>Diapers - 1</i>		
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Ruch</i>	Name of person ordering transfer <i>Dr. Suminaa</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Pallavi 20/6/26</i> <i>10:35 AM</i>			
Signature with Date & Time			

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