

## ADMISSION SHEET

### Registration Details :



Admission No : IP22-00023342

Admit Date : 21-Jun-2026

Admit Time : 08:22 PM UHID : HCV-00040958

### Patient Details :

Patient Name : Baby Of CHANDINI

Age : 0 D

Guardian : Mr P.HARISH

DOB : 21-06-2026 01:00 AM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : sri venkateswara enclave, 301, p.m.palem  
Pothinamallayapalem Visakhapatnam Andhra  
Pradesh INDIA 530041

Phone No : 9398222045

E-mail : no@gmail.com

### Admission Details :

Bed Type : NICU

Bed No : NICU 111

Ward Name : 1F-FIRST FLOOR-NICU

Room No : NICU 111

Admission Type : First Visit

### Contact Details :

Name : Mr P.HARISH

Relationship : Father

Contact Address : sri venkateswara enclave, 301, p.m.palem  
Pothinamallayapalem Visakhapatnam Andhra  
Pradesh INDIA 530041

Phone No :

Signature

### Doctor Details :

Doctor Name : Dr. R HARIHARAN

Specialisation : NEONATOLOGY

Referral Doctor : DR.LAVANYA SAMBANGI

Phone No :

Co-Consultant :

### Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

**ACTIVITY RECORD FOR BILLING**



Name:----- HCV-00040958 IP22-00023342 -----  
 Baby Of CHANDINI  
 UHID No :..... 21-06-2026 0 Y 0 M 0 D 19 H (F) Consultant :.....Dept.:.....  
 Dr. R HARIHARAN  
 Date of Admission :..  ..Date of Discharge:.....Time:.....  
 Room / Bed No :.....Ward :.....Suggested Billable bed type:.....

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
21/6/16	8PM	ER	NICU	<i>[Signature]</i>

**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
21/6/26	cardiac monitor } walmes	20:52pm		690227	Smille
	resuscitator	22/6/26			







# NEONATAL IN-PATIENT MEDICAL RECORD

## ADMISSION INFORMATION

Mother's Name : Chandani Age : ..... Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... I.P. No.: .....  
 NICU Consultant : Dr. Hantharan 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 Chandani Mother's Blood Group : .....  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 3 kg Length (cms) : .....  
 Date of Birth : 21/6/26 Time of Birth : 6:58pm OFC (cms) : .....  
 Place of Birth : AVUCH hospital, Machurawar Estimated Gesth Age : 37 wk + 3 day

Current Obstetric History : (Booked / Unbooked Case)  
 Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....  
 Conception : Spontaneous or with Rx. : Spontaneous  
 Booked at what GA : ..... AN Steroids Drugs / Doses : .....  
 Last Scans Details : 2DUC, cephaloc, placenta- anterior AFI-16.4  
EFW + 3.273, Doppler - TT Immunization and Iron / Folic Acid : 2TT sup. given

## MATERNAL RISK FACTORS

Age :  <18 yrs  > 35yrs  
 Consanguinity :  Yes  No  
 If yes, degree of consanguinity :  1  2  3  
**H/o PIH (after 20 weeks) / PE**  
 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?**  
 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 : .....



HOP1:

Baby delivered through NVD @ Ayuh Hospital  
Madhwarawada



Baby cried immediately after birth



Baby had tachypnea



Started on O<sub>2</sub> support.



In view of tachypnea, shifted to  
NDCU

Investigation details in previous Hospital :

—

Feeding History :

—

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

conscious activity + good

VITALS : Temperature : 36.5°C HR : 135/min RR : 65/min NIBP : ..... CFT : 23%

Colour of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 96% on RA

Anthropometry : Birth Weight : 3.0 kg Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

<b>HEAD :</b>	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	} AF + open PF + open
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<b>Facies :</b> (Any Facial Dysmorphism)	(N)
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<b>NECK and CLAVICLES :</b>	Range of Motion : Asymmetry : Masses :	} (N)
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<b>EYES :</b>	Symmetry : Red Reflex : Discharge :	} not checked
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<b>EARS, NOSE MOUTH and THROAT :</b>	Ear set / Shape : Preauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	} NO cleft lip & palate
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<b>THORAX and BREASTS :</b>	Shape of Thorax : Position of Nipples and Number :	} (N)
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<b>ABDOMEN and UMBILICUS :</b>	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	} (N)
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<b>GENITALIA :</b>	Labia / Hymen : Testicles/penis : Anus :	} Female external genitalia
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<b>HERNIAL ORIFICES</b>	None
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<b>TRUNK and SPINE :</b>	
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<b>SKIN LESIONS :</b>	(N)
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<b>EXTREMITIES :</b>	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	} (N)
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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

Mention if baby has Respiratory distress : RR : 64/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 : 97.1 on RA Auscultation : Bil AB @ Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 140/min BP : ..... Precordial Activity : .....

Femoral Pulses : ..... Murmurs : ..... } Nil

Other Peripheral Pulses : ..... } felt Signs of Cardiac Failure : .....

Abdomen :

Shape : ..... Hernial orifice : .....

Palpation : ..... Anal Patency : -> patent

Palpable masses : ..... } (N) Umbilical Cord : .....

Abdominal girth : ..... First urine passed : ..... } Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Cranial Nerves :

Cry loud activity -> good

Motor System :

Passive Tone : ..... } (N)

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : ..... } (N) DTR : .....

ATNR : ..... } (N) Skull and Spine : .....

Any Congenital Anomalies : .....

Diagnosis : .....

TERM / AGA / TTNB

FOOT PRINTS

Left Side :



out

Right Side :

born



Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

*Balaj*  
Balaj  
21/6/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

*Paramel*  
Paramel  
21/6/26

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of the referring Hospital : .....  
Address : .....  
Contact Numbers : .....
3. Contact Details of the referring Doctor : .....  
Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....  
..... on whose name the patients is being referred.

**AT THE TIME OF TRANSFER TO THE WARD**

Final Diagnosis : .....

Present Issues : .....

Vital :  HR : .....  RR : .....  BP : .....  SP02 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :

- OG feeds 60ml/kg → @ 15ml/hr
- If tachypnea, pentils for 4hrs, chest x-ray

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)

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

HCV-00040958 IP22-00023342

Baby Of CHANDINI

21-06-2026 0 Y 0 M 0 D 19 H (F)

Dr. R HARIHARAN

Pat

Ag

I.P.



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		<p>cls/B Dr. paramesh / Dr. Alankar / Dr. Balaji</p>
	21/6/26	
	11:55 AM	
		<p>DSOS: TERM / AGA / ? ATNB (37wk + 3day)</p>
		<ul style="list-style-type: none"> <li>Baby self ventilatory on R</li> <li>NO tachypnea, distress</li> <li>hemodynamically stable</li> <li>color &amp; perfusion - good</li> <li>cry/love activity - good</li> </ul>
		<p>Vitals:</p> <ul style="list-style-type: none"> <li>HR + 122/min</li> <li>Bp + 60/35 mmHg</li> <li>SpO2 + 100%</li> </ul>
		<p>Adverse:</p> <ul style="list-style-type: none"> <li>0g feeds 15ml / 2hrly</li> <li>w/lf distress</li> </ul>
		<p>Dr. Balaji</p> <p>11:55 AM @ 11 PM</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/06/26

C/S Dr Paramesh / Dr. Jayasuya / Dr. Summ

8AM

Team / ACA / TTNB

14 hr of life  
wt → 3-2 kgs

RS

Self ventilating on room air  
Mild Tachypnoea → no retractions  
RR → 60-65/min

B/LAET +

CVS

color & perfusion - good

Pulse - good

urine passed

ntal  
HR → 127/min  
SpO<sub>2</sub> → 99+

P/A

soft, no distension  
stool passed

CNS

Cry / tone - Good  
AT - open

Advice

→ Cont spoon feed 15-20ml (adlib)  
2nd hourly  
at 24 hours of life

→ Discharge Today

→ CCHD screening

→ NIPE before o/c

→ Birth vaccine & red reflex before o/c

(Dr. Jayasuya)

Paramesh

note for Jayasuya  
06/4/16