

**Rainbow Children's Hospitals - Visakhapatnam**

Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits. Govt General Hospital Kda  
Visakhapatnam, Andhra Pradesh, INDIA, 530040.  
TEL NO : 891-3501601  
WEB : <https://rainbowhospitals.in>

**ADMISSION SHEET****Registration Details :**

Admission No : IP22-00023385      Admit Date : 25-Jun-2026      Admit Time : 12:14 PM      UHID : HCV-00041052

**Patient Details :**

Patient Name : Baby B/O LAVANYA TOTTALA      Age : 0 D  
Guardian : Mr SAREEN KUMAR PENTA      DOB : 25-06-2026 11:44 AM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : taraka rama lay out Gitam Engg. college      Phone No : 8142276644/ 9099950020  
Visakhapatnam Andhra Pradesh INDIA      E-mail : no@gmail.com  
530045

**Admission Details :**

Bed Type : BASINET      Bed No : CRDL-SPV-318-1      Ward Name : 3F-THIRD FLOOR  
Room No : CRDL-SPV-318-1      Admission Type : First Visit

**Contact Details :**

Name : Mr SAREEN KUMAR PENTA      Relationship : Baby/O  
Contact Address : taraka rama lay out Gitam Engg. college      Phone No :  
Visakhapatnam Andhra Pradesh INDIA 530045

*X [Signature]*  
Signature

**Doctor Details :**

Doctor Name : Dr. R HARIHARAN      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : SELF      Phone No :  
Co-Consultant :

**Payment Details :**

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

opr done on - 25/6/26  
vaccination done - 25/6/26 } DR. Balaji  
Red Reflex done 25/6/26 }

# ACTIVITY RECORD FOR BILLING



Name:-----

UHID No :..... HCV-00041052 IP22-00023385 sultant :.....Dept:.....  
 Baby B/O LAVANYA TOTTALA

Date of Admission :... 25-06-2026 0 Y 0 M 0 D 1 H (M) Date of Discharge:.....Time:.....  
 Dr. R HARIHARAN

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



## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26.	2:40 PM	m/teem	3/8.	Pavani

## 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 : Lavanya T Age : ..... Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... I.P. No. : .....  
 NICU Consultant : Dr. Haiharan 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 Lavanya Mother's Blood Group : O +ve  
 Gender :  M  F Blood Group : O +ve Birth Weight (gms) : 3.474 kg Length (cms) : .....  
 Date of Birth : 25/6/26 Time of Birth : 11:44 AM OFC (cms) : .....  
 Place of Birth : RCH, Vizag Estimated Gesth Age : 39 wks 2 days

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : 7 yrs LMP : 23/9/25 EDD : 30/6/26

Conception : Spontaneous or with Rx. : Spontaneous

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

Last Scans Details : Cephalic, placenta posterior, AFI-14.6, FFW-3226gms  
Doppler - (N) - 15/6/26 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 : .....  
 Compliance with Rx : .....  
 Scans : LGA, TIFFA, Fetal Echo : .....  
**H/o Hypothyroidism : when diagnosed ? Medication?**  
Hypothyroidism Thyronorm  
 Any other Chronic Medical Problems, when detected some mild 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: 2 P: 1 A: ..... L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
Gr	1VF	Pregnancy - LSCS			1/V10 non progression of labour	Boy 13.65 / 22 months

### PERINATAL HISTORY

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

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig) <u>ELI LSCS</u></p> <p>Second stage (&gt; 2 hours after dilation) <u>PCP</u></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>
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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	
9	9	

**TOTAL**

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~~ is delivered via  
E/LSCS

↓

Baby cried immediately after birth

↓

Delayed cord clamping done  
shift to warmer

↓

Routine newborn care given

↓

Cord clamped, clean cut given

↓

Inj. Vit K 1mg IM given

↓

Baby 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 :  $36.5^{\circ}\text{C}$  HR : 150 bpm RR : ..... NIBP : ..... CFT : .....

Colour of the extremities : ..... Acrocyanosis .....

Jaundice : ..... Pallor : ..... SpO2 : 95% ↓ RA .....

Anthropometry : Birth Weight : ..... 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.) : } Sparse hair

**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 HIV  
 Discharge :

**GENITILIA :** Labia / Hymen : male external genitalia  
 Testicles/penis :  
 Anus : BIL 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 : 50/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 : ..... Auscultation : ..... Breath Sounds : 3/ LAE (7) Added Sounds : .....

Cardiovascular System :

HR : 148bpm BP : ..... Precordial Activity : .....

Femoral Pulses : felt Murmurs : 5

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

Abdomen :

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

Palpation : soft Anal Patency : patent

Palpable masses : ..... Umbilical Cord : 2A + 1V

Abdominal girth : ..... First urine 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 :  
Single | Term | El. LSCS | AAA | Mch | well baby

FOOT PRINTS

Left Side :



Right Side :



noted by Gup

Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

G. Sumina  
G. Sumina  
25/6/20 17:50 AM

Consultant :

Signature : .....

Name : .....

Date & Time : .....

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 2nd July - 1lb burping
- 2. Red reflex & birth vaccination to be done

Feeding Plan at the time of shifting :

- 3. CCHD screening @ 24 hrs
- 4. TSB & adv NBS @ 48 hrs
- 5. Cord blood BAT, TSH, Ty

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Pulse Oxymetry Screen : .....

New Born Screening : .....

*Sumin*  
*Noted by Ravi*

PH-99% LH-99% PL-99% U-99%

HCV-00041052 IP22-00023385  
Baby B/O LAVANYA TOTTALA  
25-06-2026 0 Y 0 M 0 D 1 H (M)  
Dr. R HARIHARAN



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

BirthRight  
BY RAINBOW HOSPITALS  
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 Lavanya Mother's Name: Ms. Lavanya

Date of Birth: 25/6/26 Time of Birth: 10:44 Am Gender:  Male  Female

Birth Weight: 3.474 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: O+ Baby: .....

Feeding:  Breast Feeding  Formula  Both First Feed Time: 10:00 AM

HCV-00024945 IP22-00023379  
Mrs LAVANYA TOTTALA  
02-01-1993 33 Y 5 M 23 D (F)  
Dr. CHUPPANA RAGA SUDHA

Mode of Delivery:  Normal  LSCS - Emergency/ Elective  Instrumental

Indication: .....

### Physical Assessment of New Born:

Temp: 36.4°C HR: 158.6/Min RR: 45.6/Min BP: ..... SpO<sub>2</sub>: 99%

Pain Score: ..... (Follow N Pass)

Fall Risk Assessment:  Yes  No Score: 11 (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: Pavani

Signature: [Signature]

Date & Time: 25/6/26 @ 11:50 AM



26/6/26  
8AM

SIB. Dr. NN / Dr. Yash

Term (39+2) | GI. LSCS | AWA | well Baby

- 20 hrs of life

BW - 3.474 kg

cw - 3-262 kg

- CITIA - good

loss - 1%

- urine / stool normal

Adm

- TSB, NBS @ TIM 11AM

- ceno screening Now.



Dr YASH

NBS card 449  
OIA 222  
26/6/26  
9AM

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/26		SIB Dr. AD / Dr. Man
	5pm	
		Term (39+2) / EL-1 SCS / ANA
		CTIA - good
		urine ) panel
		stool )
		Feeding well
		<u>Adm</u>
		- TSB, NBS
		@ 7:15 AM
		<del>Dr. Man</del>
		<del>26/6/26</del>
		Dr. MAS (7)
26/6/26	11pm	C/S/B Dr. Aditya / Dr. Dree.
		Care Reversed, mild fever @ cpts track.
		CTIA - good
		urine ) panel
		stool )
		<u>Plan:</u>
		1) TSB -> NBS @ 11pm
		11pm
		<del>NBS at 11pm</del>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/26  
8AM

CLUB Dr. Hantharaw / Dr. Balaji

DEB: TERM (EM-LSU) SEP  
(39WOP + 2 day)

- cry / sound activity + good
- urine } passed
- stool } passed
- Feeding + DBP

Advice:

- TSB @ 11 AM.
- NBS
- Ad lib feeds
- Check temperature now
- TSB @ < 15, discharge Balaji

Noted By Balaji

# PATIENT TRANSFER FORM

Patient Name / I.P. No <i>B/o. Ianya</i>	Date & Time of Admission <i>25/6/26 @ 12:14PM</i>	Date & Time of Transfer Order <i>25/6/26 @ 2:40PM</i>	
Treating Consultant <i>Dr. Harikrishnan</i>	Transfer ordered by <i>Dr. Aishwarya</i>	Reason for Transfer <i>new B&amp;N call</i>	
From Bed / Ward / Hospital <i>m22u</i>	To Bed / Ward / Hospital <i>318</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>18</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>	<i>⊕</i>	
2.	<i>Baby dress</i>	<i>⊕</i>	
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Pawan</i>	Name of person ordering transfer <i>Dr. Aishwarya</i>	Name & Signature of Nurse Supervisor <i>malathy</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>[Signature]</i>			
Signature with Date & Time <i>@ 25/6/26 2:50p</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