

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023296 Admit Date : 17-Jun-2026 Admit Time : 12:05 PM UHID : HCV-00040847

Patient Details :

Patient Name : Baby B/O GUDIVADA KUMARI SAI LAKSHMI . Age : 0 D
Guardian : Mr SRIRAM DOB : 17-06-2026 10:13 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : Lalithanagaram Vishakhapatnam Andhra Pradesh INDIA 530016 Phone No : 8143306995/
E-mail : dummy@gmail.com

Admission Details :

Bed Type : BASINET Bed No : CRDL-PRI-305-1 Ward Name : 3F-THIRD FLOOR
Room No : CRDL-PRI-305-1 Admission Type : First Visit

Contact Details :

Name : Mr SRIRAM Relationship : Baby/O
Contact Address : Lalithanagaram Vishakhapatnam Andhra Pradesh INDIA 530016 Phone No :

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

BCG, Hep-B, - OPV done 17/6/26
Red reflex done

ACTIVITY RECORD FOR BILLING

Name:-----

UHID No :.....IP I **HCV-00040847 IP22-00023296** ant :.....Dept:.....

Date of Admission :..... **Baby B/O GUDIVADA KUMARI SAI 17-06-2026 0 Y 0 M 0 D 1 H (M)** e of Discharge:.....Time:.....

Room / Bed No :..... **Dr. TIRUMALABETTY PARAMESH** gested Billable bed type:.....



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	12:30 PM	m ICU	305	Pavan
18/6/26	1:30 AM	305	NICU	Nalini
18/6/26	4:45 PM	NICU	ward (305)	Kowsalya

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 : Sai laxmi Age : 29yrs Father's Name : Age :
 Date of Birth : Date of Admission : I.P. No.:
 NICU Consultant : Dr. Parameshw Referring Consultant : Dr. Raga Sudha
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Sai laxmi Mother's Blood Group : O+ve
 Gender : M F Blood Group : A+ve Birth Weight (gms) : 2.618kgs Length (cms) :
 Date of Birth : 17/6/26 Time of Birth : 10:13AM OFC (cms) :
 Place of Birth : RCH, Vizag Estimated Gesth Age : 37 weeks 3 days

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 29yrs Ht : Wt : BMI : Married Life : 9 months LMP : 27/9/25 EDD : 4/7/26
 Conception : Spontaneous or with Rx. : spontaneous
 Booked at what GA. : AN Steroids Drugs / Doses :
 Last Scans Details : Cephalic, anterior placenta, AFI-6.6, CPR -> 3rd centile
pathological FFW - 2.452 kgs 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 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) : <u>* Eosinophilic : 2nd month - 7th month</u> 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 (<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 :
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PPROM : Duration : 25 hrs Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : PROM Duration :

PAST OBSTETRIC HISTORY

G: P: A: L:

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
			Primi			

PERINATAL HISTORY

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

<p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication : <u>CPR</u> <u>pathological</u></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 : <u>MSL</u></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
	0	1	
	2	2	
	2	2	
	2	2	
	8	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. LSCS

↓

Baby cried immediately after birth

↓

Delayed cord clamping done, shift to warmer

↓

Routine newborn care given

↓

Umbilical artery cat clamped, clean cut given

↓

Inj. 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 (+me) activity - good

VITALS : Temperature : 36.5°C HR : 140bpm RR : 42/min NIBP : CFT : 28sec

Colour of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 100% J PA

Anthropometry : Birth Weight : 2.61kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) (N)

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

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

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

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

ABDOMEN and UMBILICUS : Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : → 2A TIV
Discharge :

GENITILIA : Labia / Hymen : } male external genitalia
Testicles / penis : } B/L descended
Anus :

HERNIAL ORIFICES (N)

TRUNK and SPINE : (N)

SKIN LESIONS : (N)

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 44/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 : 100% RA @ 10min Auscultation : Breath Sounds : B/LAe(-) Added Sounds :

Cardiovascular System :

HR : 150 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+1V

Palpable masses : First urine passed : not passed

Abdominal girth : Meconium 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 :

(N)

Diagnosis :

Term / AGA / 2.6 kg / Em. USC / Mch / well baby

FOOT PRINTS

Left Side :

Right Side :



noted by pavan

Resident Doctor :

Signature :

Name :

Date & Time :

Suminaa
G. Suminaa
17/6/26

Consultant :

Signature :

Name :

Date & Time :

Paramesh
T. Paramesh
17/6/26

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 :

- Adv.
- 1- DBF 2nd entry of lb bulky
- 2- Red reflex & birth vaccination to be done
- 3- cord blood BUN, Ty, TSH
- 4- CCHD screening @ 24 hrs
- 5- TSB, adv NBS @ 48 hrs

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Pulse Oxymetry Screen : RH-99%, RL-100%, LH-98%, LL-99%

New Born Screening :

Comiker

Noted by

Parvati

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040847 IP22-00023296
Baby B/O GUDIVADA KUMARI SAI
17-08-2026 0 Y 0 M 0 D 1 H (M)
Age : Dr. TIRUMALABETTY PARAMESH
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
17/6/26		SIB Dr. Nariker / Dr. Tush
	5:30 PM	
		Term (37+3) / AUA / Em. LSCS
		LITIA - good
		Urine - Not
		Stool - Not
		Urine - Not Passed
		Stool - Passed
		<u>Ach</u>
		- TSB, NBS @ 48 hr.
		- CND @ 24 hr.
		- Vaccine, Red Reflex Now
		<u>Dr. Tush</u>
		Noted by Raja

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

18/6/26
12 AM

cls/B Dr. paramesh/ Dr. Balaji

Obs: TERM/ AGA/ Em. USG
(37wk + 3day)

Baby had tachypnea.

↓ RR + 62/min
shifted to NICU.

PROM → 25hrs

Admits

- CBE
- Blood clt } now
- Iij. piptaz 260mg @ 12hr
- Iij. Amikacin 30mg @ 24hrly
- Spoon feed 15ml 12hrly
- GRC monitoring @ 6hrly

Dr
Balaji
Noted by S/w
Srinika 02089
at 12 AM

Plan

1. Change to spoon feeds ^{-20ml} 15ml 2nd hly, + DBF
if tolerating well shift to ward in the evening

2. Trace blood cultures

3. w/f distress

4. Plan to shift to Motherside Evening.

Sharma

SH. N. B. B. Brounka
01616126
18/6/26
@ 9 AM.

Paramb.

1816126
SPM

SIB. DAVU (D. Yarn)

Term (ACIA) Em-25CS) TTNB) ROS-PROM

- Self ventilating on R.A
- No signs of Distress
- Tolerating feeds

CIT 1A - good.

Vitals HR - 124 BPM
SpO₂ - 98%
RR - 58/min

Also

- 15-20 ml spoon feeds + DBF 2nd hly.
- (+) Blood Cls.
- GRBS @ 8 AM h.

D. Yarn

19/6/26

SIB Dr. PV Dr. Yash

SSO

Term 1AUA / Em-LSCS / TTNB / PROM

- CITA - good
- Feeding - well
- urine
- stool) Normal

- ↓ SPT

Am

Blood C/S - sterile

- Stop Abx

- TSB TIM 7 AM

- NBS TIM 7 AM

F/M 10 -

Father - Retinitis
Pigmentosa
carrier

Mother - (N)

J

Dr Yash


N/B Singh
19/6/26


N-B Singh

20/6/26
Dr. Yash

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040847 IP22-00023296
Patient | Baby B/O GUDIVADA KUMARI SAI
17-08-2026 0 Y 0 M 3 D (M)
Age : ... Dr. TIRUMALASETTY PARAMESH
I.P. No. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/8/26		SIB Damm / Damm
	8AM	
		Term (37+3) / AMA / Em-Lscs / TTNB / PROM
		- CITIA - good BW - 2.618 kg - Feeding well CW - 2.526 kg
		Urine) Passed. Stool)
		FIM/O - <u>Adm</u>
		→ Father - Retinitis Pigmentosa carrier → Genetic carrier. Testing for Retinitis Pigmentosa on F/Up
		→ Mother (N)
		→ Grandmother - Nonzygous → DIC as per TSN A.R affected → Mention as Grandmother carrier A.R affected Father A.R Not affected carrier SO Risk of Baby having R.P Explains
		 Damm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PATIENT TRANSFER FORM

Patient Name / I.P. No Blo.G. k. SAI Lakshmi	Date & Time of Admission 17/06/26 at 12:5^{pm}	Date & Time of Transfer Order 18/6/26 at 4:45^{pm}
Treating Consultant Dr. T. paramesh	Transfer ordered by Dr. Suminan	Reason for Transfer mother's side
From Bed / Ward / Hospital NICU	To Bed / Ward / Hospital ward	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file 48	Number of Imaging films chest x-ray - ①	Personal belongings including clinical documents. If any handed over to attendant Yes <input 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 Bottle ①	
4.	D/water - ⑤①	
5.	Dys 10cc - ⑤	

Shifting Summary / Notes written by Doctor:

Name of Signature of Person filling this part Kaasalya	Name of person ordering transfer Dr. T. paramesh	Name & Signature of Nurse Supervisor Dr. Soniya	Referral note & referral Doctor Name:
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Patient & Clinical records received by:

Signature with Date & Time
Sivaneel

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 B10 - G. Kumari Sai Laxmi IP - 00023296	Date & Time of Admission 17/6/26 @ 12:05 pm	Date & Time of Transfer Order 18/6/2026 @ 1:30 Am	
Treating Consultant Dr. paramesh	Transfer ordered by Dr. praveen	Reason for Transfer Baby show tachy pnea.	
From Bed / Ward / Hospital 305	To Bed / Ward / Hospital NICU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file	Number of Imaging films vaccination file	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.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part Y. Neelati	Name of person ordering transfer Dr. praveen	Name & Signature of Nurse Supervisor Aansa	Referral note & referral Doctor Name:
Patient & Clinical records received by: Sunitha 021089.			
Signature with Date & Time 18/6/26 at 1:30 Am			

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	Date & Time of Admission	Date & Time of Transfer Order	
Blo-sai Lakshmi	17/6/26 @	17/6/26 @ 12:30 PM	
Treating Consultant	Transfer ordered by	Reason for Transfer	
DR. Paramesh	DR. Jayaswya	new Born case	
From Bed / Ward / Hospital	To Bed / Ward / Hospital	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
m/su	305		
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?	
15	—		
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Diapers	①	
2.	Dress	①	
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Parsi	DR. Jayaswya	malathi	
Patient & Clinical records received by:			
Parsi? 17/06/26. 12:38 PM			
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