



ACTIVITY RECORD FOR BILLING

Cash: Credit:

Name: B/o. Shalvi Aggarwal Age: 3 Days Gender: Female

UHID No.: 25699 IP No.: 6944 Consultant: Dr. NSCU Dept.: Neonatology

Date of Admission: 25/06/2026 Time: Date of Discharge: Time:

Room / Bed No.: DLX-203 Ward: Room Bed No.: Ward:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Upated on							
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DOCTORS VISITS

Consultants	Date		Date		Date		Date		Date		Date		Date		Date	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	1															
2																
3																
4																
5																
6																

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature
26/06	DN	[Signature]			

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature

BLOOD BANK

Date									
Units									
Remarks									

ANY OTHER INFORMATION

Date : 26/6/20 Time : 11 AM

Prepared By : [Signature]

Staff Nurse / Floor Co-ordinator [Signature]	Nursing Supervisor [Signature]	Billing Assistant	Billing Supervisor
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ADMISSION SHEET



Registration Details :

Admission No : IP27-00006973

Admit Date : 25-Jun-2026

Admit Time : 01:27 PM UHID : SPB-00025699

Patient Details :

Patient Name : Baby B/O SHALVI AGGARWAL

Age : 0 Y 0 M 3 D

Guardian : Mr VARCHAS

DOB : 22-06-2026 10:37 AM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : Bommanahalli Bangalore Karnataka INDIA
560068

Phone No : 8826614321

E-mail : 123@g

Admission Details :

Room Type : DELUXE ROOM

Bed No : DLX-203

Ward Name : 2F - DELUX ROOM

Room No : DLX-203

Admission Type : First Visit

Contact Details :

Name : Mr VARCHAS

Relationship : Father

Contact Address : Bommanahalli Bangalore Karnataka INDIA
560068

Phone No :


Signature

Doctor Details :

Doctor Name : Dr. NICU TEAM

Specialisation : NEONATOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

Pediatric Admission Assessment Form

Admission Date: 22/08/26 Time: 1:27 PM

Admission Diagnosis: Hyperbilirubinemia

Admission Source: ER Clinics Others: b.p.d.
 Transported with: Oxygen Monitor IV Others: NA
 Admission Mode: Walking Wheel Chair Stretcher/Bed Others: NA
 Doctor notified of arrival to unit: Yes No Time: 1:35 PM

Reason for Admission: Phototherapy

Vital Signs: BP Temp. 98.2 F Pulse 154b/m Resp. 32b/m SaO₂ 99.1

Height / Length cms Weight Kg Head Circumference < 2yrs cm

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Current Medication: None Yes If yes:

Location of Medication: At Home Given to Family

How dose the child take medication best: Liquid Tablet Chewable Whole

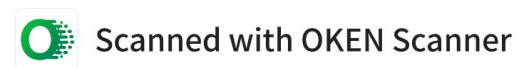
Immunization History: Not Known Known Up to date No

Family History:
 NSF Heart Disease Hypertension Diabetes Stroke Seizures
 Kidney disease Liver disease

Past Medical History: Obtained From: Patient Family Member Medical Record Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>nil</u>	<u>nil</u>	<u>nil</u>

Breathing / Circulation: <input type="checkbox"/> Wheeze <input type="checkbox"/> Stridor <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> Cough <input type="checkbox"/> Sputum <input type="checkbox"/> Apical Heart Rate: <u>154</u> bpm <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Limbs: <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Mottled	<input checked="" type="checkbox"/> NAD Comments:
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Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

— SPB-00025699 IP27-00006973
Baby B/O SHALVI AGGARWAL
22-06-2026 0 Y 0 M 3 D (F)
Dr. NICU TEAM

UHID ID:

— 

Department:

Consultant:



shavya
nshi — INS ✓
— INS ✓

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: 6/0 Shalvi Aggarwal Age/Sex 12/1
Information given by: _____ Relationship _____

Patient Sticker
Past History : (Including details) _____

Chief Presenting Complaints & Duration (Chronologically)

admitted i/v/o TCB - 15-4

History of present illness :

Baby admitted for routine newborn care

Case TCB - 15-4 @ 75HOL

↓
admitted for phototherapy

Birth & Neonatal History Baby

Birth & Socio Econom

About Father : _____

About Mother : _____

Any additional Infor

Developmental His

Immunization His

Anthropometry

Head Circum (c

Weight (kgs) -

On Examinati

Temperature :

Resp.rate ar

Rash _____

Lymphade

Oedema :

Allergies

Past History : (Including details of any previous investigation or treatment)

admitted for routine newborn care

Birth & Neonatal History:

Baby cried immediately
no resuscitation

Family Chart

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional information : _____

Developmental History :

Immunization History :

Birth dose given

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)

Weight (kgs) 2.46 (Centile _____)

On Examination :

Temperature : 36.5c Pulse Rate : 132bpm B.P. _____ SPO2 98% LRA

Resp.rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/LC A/C (+)

Any added sounds : no added sounds

Relevant data from outside (Chest X-Ray, ABG, etc..) _____

Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S2 (+)

Any murmur : no murmur

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : _____

Per Abdomen :

Inspection : (N)

Palpation : soft

Auscultation : BS (+)

Spine : (N) External Genitalia : (N)

Relevant data from outside (CT, USG etc..) _____

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : (N)

Motor System :

Nutrition : _____

Tone : (N) Power _____

Co-ordinator : _____

Posture : flexion

Involuntary Movements : _____



Reflexes :

DTR +1

Plantars Extensor

Sensory System :

(P)

Bladder / Bowel :

(N)

Clinical Summary & Diagnostic:

Asm / 2.78kg / HBN

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Planned Management

- DSPT
- SBR @ 6AM
- DBF ⊕ PF

Signature of the Doctor: [Signature]

Name of the Doctor: Anshabama

Date & Time: 25/06/22

Signature of the Consultant:

Name of the Consultant:

Date & Time:




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 form	<p>Dr. Shabana term (28w) 2.75kg Elective LSCS HBN Baby discharged - 25/06/26</p>	
	<p>TCB - 15.4 (25/6/26)</p>	
	<p>Admitted for phototherapy</p>	
	<p>als - vitals stable</p>	
	<p>als!</p>	
	<p>CVS - S2 ⊕ no murmur</p>	
	<p>RLS - BL ⊕ no added sounds</p>	
	<p>fla soft, non-tender no organomegaly</p>	
		<p>f Adu</p>
		<p>Warm Care</p>
		<p>- DSPR</p>
		<p>- SBF - dbm</p>
		<p>morning @ 6am</p>
		<p>- DBF + PF</p>
		<p>Dr. Shabana 42932</p>

Patient Sicker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/20	C/B TEAM NICU	
0900	100ml Bunko/ 0900 2.78g (11.5cc) / MNHB.	1CB: 15 4 on (25/6/20).
	c/e: vitals: stable c/sy reactivity: good.	MBG: B +ve
	- Atria. - continue DSF	BBG: A +ve.
	- warm care	
	- DSF → Palladai feeds	
	- DSF Repeat after 10.9 .	
	- SBR → 10.9.	
		 D. Soodan 15876