

①
10/6/26



ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : ----- IP No : ----- Dept : -----
 Date of Admission : ----- Time ge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested billable bed type : -----

KOH-00308781 IP2-00056509
 Baby Of MAMATHA BEVARA
 10-06-2026 0 Y 0 M 0 D 1 H (F)
 Dr. DAVID SUVARNARAJU PARIMI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	5 pm	2/10	409	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
11/6/26	O.P.V			
	B.C.U	}	done	Sandhya
	HCP.B			
11/6/26	B.A.G	(1)	944839	Sandhya
cross checked by Sandhya 11/6/26 @ 10AM				

ANY OTHER INFORMATION

Baby bit green.

Date: ~~11/10/26~~
10/6/26

Time: 5PM

Prepared By: *[Signature]*

Staff Nurse <i>[Signature]</i>	Shift / Ward 6/40 to 409 <i>[Signature]</i>	Billing Assistant	Billing Supervisor
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mamatha Bevara Age : Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : 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 Mamatha Mother's Blood Group : O+ve
 Gender : M F Blood Group : Birth Weight (gms) : 3.683 Length (cms) :
 Date of Birth : 10/06/26 Time of Birth : 1:02 pm OFC (cms) :
 Place of Birth : Estimated Gesth Age : 40 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : Ht : Wt : BMI : Married Life : LMP : 13/8/25 EDD : 10/6/26

Conception : Spontaneous or with Rx :

Booked at what GA : 28+1 AN Steroids Drugs / Doses :

Last Scans Details : 23/05 - SWE / 37+3 / cephalic / EFW - 3078 kg / 53%

AFI - 20.6 PL - A/H, doppla - (N) 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 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 :</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 / REDF / 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 ? <u>Tab. Thyronorm</u></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 :

History of Present Illness:

Equipment check done

↓

BCAAB

↓

vc clamped & cut (2A+iv)

inj. NE K 1mg 1m given

↓

vitals stable

Investigation details in previous Hospital :

—

Feeding History :

→

Past History :

—

Family History :

—

Socio Economic History :

↪

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : HR : 136 bpm RR : NIBP : CFT :

Color of the extremities : acrocyanosis

Jaundice : Pallor : SpO2 : 97.5

Anthropometry : Birth Weight : 3.83 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :
 Fontanelles :
 Sutures :
 Shape / Moulding :
 Edema / Bruising :
 Size - (H.C.) :

| (N)

Facies :
 (Any Facial
 Dysmorphism)

**NECK and
 CLAVICLES :**
 Range of Motion :
 Asymmetry :
 Masses :

| (N)

EYES :
 Symmetry :
 Red Reflex : to be seen
 Discharge :

**EARS, NOSE
 MOUTH and
 THROAT :**
 Ear set / Shape :
 Periauricular Pits / Tags :
 Nasal shape / Patency :
 Palate :
 Gums :
 Lips :
 Tongue :

| (N)

THORAX and BREASTS :

Shape of Thorax :
Position of Nipples and Number :

| (N)

ABDOMEN and UMBILICUS :

Shape : (N)
Organomegaly : No
Bowel Sounds :
Umbilical Stump : 2A + 1V
Discharge :

GENITILIA :

Labia / Hymen : (N)
Testicles/penis :
Anus : patent

HERNIAL ORIFICES

appears free

TRUNK and SPINE :

(N)

SKIN LESIONS :

-

EXTREMITIES :

Fingers / Toes :
Deformities :
Hip Joint Examination :

| (N)

Arms / Legs :
Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 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 : 98% . Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 136 bpm BP : Precordial Activity : (N)

Femoral Pulses : B/Lc pett Murmurs : =

Other Peripheral Pulses : pett Signs of Cardiac Failure :

Abdomen :

Shape : (N) Hernia orifice : appears free

Palpation : soft Anal Patency : patent

Palpable masses : No Umbilical Cord : 2A + 1V

Abdominal girth : First urine passed : | -
Meconium passed : | -

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

CS1/A - 900

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's :

ATNR :

(N)

(N)

m/c symmetry

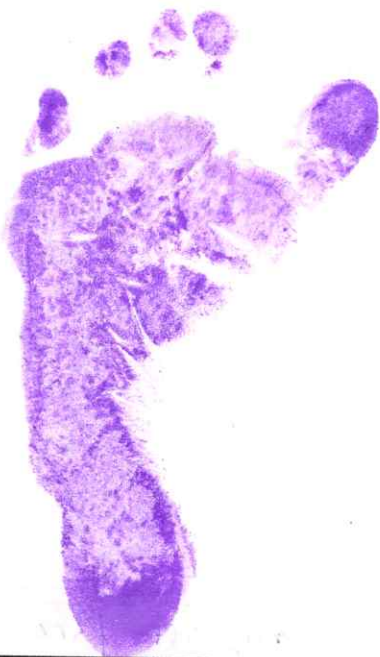
Any Congenital Anomalies :

Diagnosis :

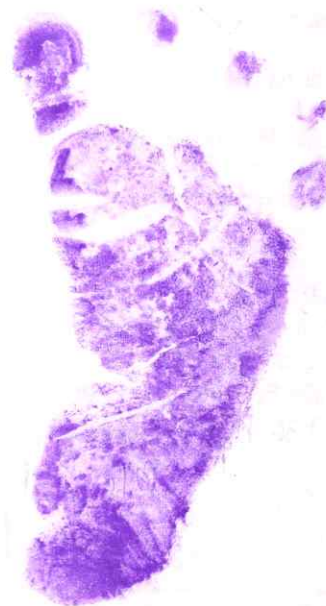
9 / 40 WKS / NVD / F / CIAA / AGA / 3.653

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name :

Date & Time :

Dr. Phavani
10/06/24

Consultant :

Signature :

Name :

Date & Time :

10/06/24

Patient S



DISCHARGE PLAN

- Information given by: Family Friend
- Will patient require transportation arrangements to go home: Yes No NA
- Will Physiotherapy require at home: Yes No NA
- Is home medical equipment anticipated: Yes No NA
- Is home oxygen therapy anticipated: Yes No NA
- Breastfeeding Yes No NA
- Formula Feed Yes No NA
- Are dressing needs at home anticipated: Yes No NA
- Any other needs anticipated: Yes No If Yes Specify

Feeding Plan at the time of shifting :

Plan
1) BBF @ 2-3rd mly
1lb msp

Screenings done during NICU Stay :

- NSG : 2) warm care
- Hearing Screen : 3) vaccines
- ROP : OAE | today
- TFT :
- NP2 : 4) SBE | @ 4870c

Discharge Details:

Neonatal Condition at Discharge:

5) Monitor vitals

Dr. Prinj

Feeding: Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening

program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

Appointment was given for follow-up at OPD: Yes No

Date of Discharge:/...../.....

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:

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.....
.....
.....
.....
.....
.....

Doctor Signature: 

Doctor Name: Dr. Bhara

Date & Time: 06/02/20 1:30p



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	S/B. Registrar	
4:21pm		
	T/YOWK)/NVD/F / CIA/B/AGA / 3.683K	
	Euthers warm	
	accepting DBF well	
	CIA - good vital - stable	Adv Klausen Caer
	CUS Rj ⊕ PIB	- DBF f/B bump - 2-3d H
		- OAC, vaccination @ 24 HOL
		- SBR, NBS @ 48 HOL
	Noted by Sridhara 10/6/26 @ 4:21pm	

KOH-00308781

IP2-00056509

Baby Of MAMATHA BEVARA

10-06-2026 OYOMODSH (F)

Dr. DAVID SUVARNARAJU PARIMI



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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6		
7 PM	S to Reg	
	T/3.6 kg	
	Baby well	
	Accepts feeds	
	cry	
	tone good	
	activity	
	Moro's-complex	
	Oral cavity	Plan
	Extremities	- Warm case
	Genitalia N	- Feeds 2nd by hb
	Ble hip joint	bump
	Ble femoralis - well felt	- OAE
	Red reflex = ++	- vaccination
	S ✓	
	U x	
		partly
	noted by Sandhya	10/6/26 @ 7 PM