

18/6/26 (1)

ACTIVITY RECORD FOR BILLING

Name: _____

UHID No: _____ IP No: _____

Date of Admission: _____ of Discharge: _____ Time: _____

Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____

KOH-00308828 IP2-00056602
 Baby Of REDDY POTHULA TEJASWINI
 18-06-2026 0 Y 0 M 0 D 3 H (F)
 Dr. DR.M KIRANMAYI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	1:30 Am	CW	501	<i>[Signature]</i>

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
19/6/26	Vaccinations BCG OPV HEP-B	dove		pooner
19/6/26	O.A.G	,	947494	CG

ANY OTHER INFORMATION

Baby kit Given

Date: 18/6/26

Time :

Prepared By: Abhivani

Staff Nurse Abhivani	Shift / Ward 4/0 to 501 sushring	Billing Assistant	Billing Supervisor
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NATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Reddy Pothula Tejaswini Age : 32 Father's Name : Age :
 Date of Birth : 13/3/94 Date of Admission : UHID No. :
 NICU Consultant Dr. Kiranmaji Referring Consultant :
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B10 Tejaswini Mother's Blood Group : O+ve
 Gender : M F Blood Group :
 Birth Weight (gms) : 3.200kg Length (cms) :
 Date of Birth : 18/6/20 Time of Birth : 9:33pm OFC (cms) :
 Place of Birth : RCB Estimated Gesth Age : 38 wks

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 32y4 Ht : Wt : BMI : Married Life : LMP : 25/9/15 EDD : 2/7/20
 Conception : Spontaneous or with Rx : 10/1
 Booked at what GA : 13+1wk AN Steroids Drugs / Doses :
 Last Scans Details : 37+5wk 16/6 Cephalic, 2860 23+, AC-271
AFI-14.7cm PI-post high doppler 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 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) : IUGR - when detected : Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : AFI :	H/o GDM/ pre GDM/ on diet or insulin <u>galcom 25wk</u> 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 ? <u>Helix over palms. CRT-IV</u> (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 : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :

History of Present Illness:

Baby delivered by c/s
↓
CIAB
↓
cord clamped & ut & areptic condition
↓
inj vit k inj IM stat give

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°F HR : 161/min RR : 58/min NIBP : CFT : < 3h

Color of the extremities : acrocyanosis

Jaundice : Pallor : SpO2 : 98%

Anthropometry : Birth Weight : 3.200 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

1 (N)

Facies :
(Any Facial
Dysmorphism)

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

EYES :
Symmetry :
Red Reflex :
Discharge :

(N)

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

THORAX and BREASTS : Shape of Thorax :
Position of Nipples and Number :

ABDOMEN and UMBILICUS : Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITALIA : Labia / Hymen :
Testicles/penis :
Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMITIES : Fingers / Toes :
Deformities :
Hip Joint Examination :
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 : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :
HR : BP : Precordial Activity :
Femoral Pulses : Murmurs :
Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen : Hernia orifice :
Shape : Anal Patency :
Palpation : Umbilical Cord :
Palpable masses : First urine passed :
Abdominal girth : Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :
State of wakefulness :
Prechtle Score :

Nerves :

Motor System :
Passive Tone :
Active Tone :
Neonatal Reflexes :

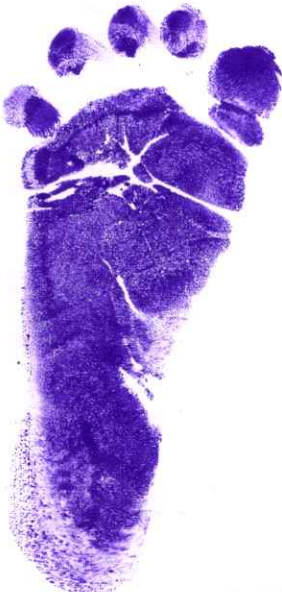
Grasp : Palmar Plantar Sucking Rooting Crossed adductor :
Moro's : complete DTR :
ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis : Term (38 wks) / SVD / Female / 3.200kg / 1PM

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name : Dr. Chandan

Date & Time : 18/6/2020 9:55pm

Consultant :

Signature :

Name : Murugan

Date & Time : 18/6/2020 9:55pm

Patient Sticker

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:

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

Doctor Signature: 

Doctor Name: Dr. Chandan

Date & Time: 18/6/20, 10pm

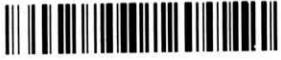


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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	S/B Dr Kiranmayi	
9am	Team (3Bwk) / SVD / F / 3. 2004 / IDM	
	Euthemic	
	warm	
	awake DBF-vel	
	clt / A-good	
	vital-stable	
	As	Adv
	R / (N)	- Inborn case
	P/A	- DBF + 1b burping
	AF-level	
	Moro-complete	- GRBs as advised
	eyes/ears (N)	
	spine, trunk, extremities (N)	- OAE, vacuum - today
	Anus-patent	
	Red reflex - + +	- SBR, NBS @ 48 HOU
	PIC lipi (N)	- PIC Today @ mother's
		side PIC
		- B10 Monday.
	<p><i>Kiranmayi</i></p>	
	<p><i>noted by Chitra 19/6/26 9am</i></p>	

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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
19/06		
<u>3pm</u>		
	on OBF	<u>Plan</u>
	passed urine &	continue same
	1800ml	inform if < 50mg/dl
	vaccines	
	OAE ✓	
	991A - good.	<u>Bhagy</u>
		19/06
	Noted by Sandhya	
	19/06/2026 @ 3pm	

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Baby Of REDDY POTHULA TEJASWINI

18-08-2026

0 Y 0 M 0 D 3 H (F)

Dr. DR.M KIRANMAYI



Morning Shift

Clinical Diagnosis.....
Nursing Diagnosis.....

Plan of Care

Planned Investigations Procedures

Implementation

Handed Over by : Name & Signature *no*

Received by : Name & Signature

Evening Shift

Clinical Diagnosis.....
Nursing Diagnosis.....

Plan of Care

Planned Investigations Procedures

Implementation

Handed Over by : Name & Signature

Received by : Name & Signature

Night Shift

Clinical Diagnosis..... *New born baby*
Nursing Diagnosis..... *New born care*

Plan of Care *→ Assess the baby condition*
→ To provided the warm care & Card Care
→ To provide the DBF & burping.

Planned Investigations Procedures

Implementation *→ Assessed baby condition*
→ provided warm care & Card Care
→ provided DBF & burping
→ DfG wt - b. Given. at birth.

Handed Over by : Name & Signature *(Aphirami)*

Received by : Name & Signature *Deone*
19/8/26

19/6/26

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VITALS CHART

Date →	Temp	HP	RR	SPO ₂	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am						DBM				↑
9.00 am										
10.00 am						DBM		✓	✓	↑
11.00 am										
12.00 pm	98.1 F	138	40	99.1	9/10	DBM				↑
1.00 pm										
2.00 pm								U-1	M-1	V-0
3.00 pm						DBM				
4.00 pm						DBM			↑	↑
5.00 pm										
6.00 pm	98 F	140	41	100%		DBM		✓	↑	↑
7.00 pm										
8.00 pm								U-1	M-0	V-0
9.00 pm										
10.00 pm	98.5 F	136	46	100%		DBM		✓	✓	
11.00 pm										
12.00 am										
1.00 am						DBM				↑
2.00 am								✓		
3.00 am						DBM				
4.00 am										↑
5.00 am										
6.00 am	98.5	136	47	100		DBM				
								U-2	M-2	V-0
								U-1	M-2	V-0
						TOTAL				

Temperature 97.5 to 99.5 F
HR 120 to 160 per minute
RR 30 to 60 per minute
SP02 93-100%

Feeding Plan..... DBM

Morning Shift

Clinical Diagnosis..... NB
Nursing Diagnosis..... New born Care

Plan of Care => Assess the baby condition
=> provided feeding
=> checked vital

Planned Investigations Procedures

Implementation => Assess the baby condition
=> checked vital
=> provided feeding
=> maintain hygiene

Handed Over by : Name & Signature
Pooja 14/6/26 at 2pm

Received by : Name & Signature
Bandhys @ 2pm
19/6/2026

Evening Shift

Clinical Diagnosis..... NB
Nursing Diagnosis..... Newborn care.

Plan of Care -> Assess the baby condition.
-> Monitor vitals
-> Encourage DBM feeds -> Encourage Burping

Planned Investigations Procedures

Implementation -> Assessed the baby condition.
-> Monitored vitals
-> Encouraged DBM feeds
-> Encouraged Burping

Handed Over by : Name & Signature
Bandhys @ 8pm
19/6/2026

Received by : Name & Signature
Deshna 10/8/22
19/6/26 @ 8pm

Night Shift

Clinical Diagnosis..... NB
Nursing Diagnosis..... Newborn Care

Plan of Care => Assess the Baby condition.
=> Check the vital
=> maintain I/O Chart

Planned Investigations Procedures

Implementation * Assessed the Baby condition.
* Checked the vital
* maintaining I/O Chart
* provided warm care

Handed Over by : Name & Signature
Deshna
20/6/26

Received by : Name & Signature
Chandmani
D/C @ 8Am
20/6/26