



The New India Assurance Co. Ltd.



Beneficiary name: **Ruvanthika Suresh**
 Member ID: **4046148034**
 Employee code: **BO75KX08**
 Relation: **Self**
 Date of birth: **07 Jan 1994**
 Primary insured: **Ruvanthika Suresh**
 Valid upto: **31 Mar 2027**
 Policy holder: **Ford Motor Private Limited**
 Insurer ID: **MEMBER1809**



M. Suresh



MA4046148034

Contact number: 04071325032

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to www.mediassisttpa.in

MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru, Karnataka 560029.CIN: U85199KA1999PTC025676
 Website: www.mediassisttpa.in Email: ford@mediassist.in

Generated On : 06/26/2026 14:04:33



The New India Assurance Co. Ltd.



Beneficiary name: **Prem Anand K**
 Member ID: **4072098926**
 Employee code: **BO75KX08**
 Relation: **Spouse**
 Date of birth: **07 Feb 1994**
 Primary insured: **Ruvanthika Suresh**
 Valid upto: **31 Mar 2027**
 Policy holder: **Ford Motor Private Limited**
 Insurer ID: **MEMBER1810**



M. Suresh



MA4072098926

Contact number: 04071325032

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The New India Assurance Co. Ltd.



Beneficiary name: **Baby of Ruvanthika Suresh -Twin 1**
 Member ID: **4092338651**
 Employee code: **BO75KX08**
 Relation: **Son**
 Date of birth: **25 Jun 2026**
 Primary insured: **Ruvanthika Suresh**
 Valid upto: **31 Mar 2027**
 Policy holder: **Ford Motor Private Limited**
 Insurer ID: **--**



M. Suresh



MA4092338651

Contact number: 04071325032

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 Website: www.mediassisttpa.in Email: ford@mediassist.in

Generated On : 06/26/2026 14:04:33



The New India Assurance Co. Ltd.



Beneficiary name: **Baby of Ruvanthika Suresh -Twin 2**
 Member ID: **4092338652**
 Employee code: **BO75KX08**
 Relation: **Son**
 Date of birth: **25 Jun 2026**
 Primary insured: **Ruvanthika Suresh**
 Valid upto: **31 Mar 2027**
 Policy holder: **Ford Motor Private Limited**
 Insurer ID: **--**



M. Suresh



MA4092338652

Contact number: 04071325032

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- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
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सत्यमेव जयते
भारत सरकार



இந்திய அரசாங்கம்
Government of India

இந்திய தனித்துவ அடையாள ஆணையம்
Unique Identification Authority of India

பதிவேட்டு எண் / Enrollment No.: 0000/00632/94554

To

ருவந்திகா வீசு

Ruvanthika V S

THE ACE FLAT NO-A1408, 1 CORPORATION ROAD,

VTC: Seevaram,

PO: Perungudi.,

District: Chennai,

State: Tamil Nadu,

PIN Code: 600096,

Mobile: 9840572220

4847608



MK048476085FE



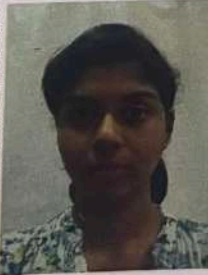
உங்கள் ஆதார் எண் / Your Aadhaar No. :

5783 6139 2494

எனது ஆதார், எனது அடையாளம்



Aadhaar no. issued: 27/02/2015



இந்திய அரசாங்கம்

Government of India



ஆதார்

ருவந்திகா வீசு

Ruvanthika V S

பிறந்த நாள் / DOB : 07/01/1994

பெண் / Female

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்.ஆ.பி.லைன் XML)

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

5783 6139 2494

எனது ஆதார், எனது அடையாளம்



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Ravateeka Age : Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : Dr. Giridhar Referring Consultant : Dr. Divya Selvaraj
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o - Ravateeka Mother's Blood Group : A1 positive
 Gender M F Blood Group : B+ Birth Weight (gms) : 1075g Length (cms) :
 Date of Birth : 25/6/26 Time of Birth : 1:13 pm OFC (cms) : 1.8725
 Place of Birth : RCH, Guwahati Estimated Gest Age : 3 months

Current Obstetric History : (Booked / Unbooked Case) DCDA twin
 Maternal Age : Ht : Wt : BMI : Married Life : 6yr LMP : 11/1/25 EDD : 10/8/26

Conception : Spontaneous or with Rx : IVF (ICSI conception)
 Booked at what GA : AN Steroids Drugs / Doses : Dexa x 4 dose per

Last Scans Details : 23/6/26, DCDA twin 1st Myo4 scan
 Fetus A - EFw - 1831 ± 183.1, Cephalic, hwr - 3.8, TT Immunization and Iron / Folic Acid : fetus B - banana like, doppler

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> >35yrs <u>doppler</u> 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>High result</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 ? (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 :

Patient Sticker

PAST OBSTETRIC HISTORY

G: 2 P: 1 A: 1 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	PP1					

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : Elective Emergency Indication

Specify the reason :

Augmentation of Labour : Induced Assisted Vaginal

CTG : Normal Suspicious Pathological

MSL :

Resuscitation : Yes No

Cord ABG :

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :

NEONATAL RESCUSTITATION DETAILS

APGAR SCORE

Gestational Age : Weeks :

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
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
TOTAL	6/10	8/10	

TOTAL

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments :

14 rat k log rmp

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Feeding Hist

History of Present Illness:

Elective LSCS / twin I / aired after birth

↓

At 1 min, spontan effort @,
distress @, HR ~ 140bpm, SpO₂ - 68%

↓ Route care given

Started on def room CPAP → PEEP - 5
FiO₂ - 40%

↓

Shifted to NICU.
parent counselled

Investigation details in previous Hospital:

Feeding History:

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : HR : 146 / min RR : NIBP : CFT :

Color of the extremities : pink

Jaundice : Pallor : SpO2 :

Anthropometry : Birth Weight : 1.478 kg Length : HC : Present Weight :

Ponderal Index : AGA : 20 / SG A : LGA :

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	
Facies : (Any Facial Dysmorphism)		⊙
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	
EYES :	Symmetry : Red Reflex : Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	No cleft lip / palate ble Nail patz check
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	avA + IV ⊕
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	Anus → pat - ul
HERNIAL ORIFICES		
TRUNK and SPINE :		
SKIN LESIONS :		⊙
EXTREMITIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility :	

Any Congenital Anomalies :

Diagnosis : Moderate PT (3rd deg) / boy / AGA (20 y) /
VLBM / Repeat distum / R.N - 10872b

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name :

Date & Time :

[Signature]
1586 m Dr. Maxine
25/6/26

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 : E-mail ID :
- Mobile No. :
- Name of the Doctor in Rainbow Team : on whose name the patient is being referred.

[Handwritten mark]

①



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/2026 8 PM	S/B Dr. Pojitha	
	Baby received in NICU. Temp - 35.6°C.	
	Connected to CPAP 6/30 SpO ₂ 96% B/Care @ Retraction @ Grunt @ on auscultation.	
	GM - 7.207 / 43.7 6.1 / 2.09 (cal.)	Hb - 16.2
	119.1 / 8.03 0.79 / 92.1	Plan:
	HR - 159/min BP - 52/36 (43)	<ul style="list-style-type: none"> - CPAP tit - Infantant therapy - Ty pirtag - RR 50-60/day - gEBI, blood glucose - typing Tf
	P/A oyr activity good.	
	CAP - RDS.	
		
		155285 Dr. Pojitha

(Handwritten mark)

GUC-00093072 IP18-00036190
 Baby B/O RUVANTHIKA V S TWIN 1
 25-06-2026 0 Y 0 M 0 D 3 H (M)
 Dr. GIRIDHAR S

(2)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26	S/B Dr. Chulathar	
9:50am	Moderate PT 32+2wk Respiratory distress DLOA Twin E.	Boy 1.872kg (AGA)
	20 HOL	T.wt - 1.858 + 35 gm
	Body on CRAB	Uo - 0.7ml/kg/h - 6hr
	SPS - 94%	0.7ml/kg/h - 24hr
	Feed 2ml of feed	FBS - 126 mg/dl
	TFR - 0.7ml/kg/h	Stool - Not passed x 2 days
	Pl - 106	A
	Fullness ⊕	M. Riphr
	HR - 116/min	
	BO - 5.139 (45)	
	Activity low ⊙	
	Dr. Chulathar (1133300)	plan - Continue 2ml feeds.
		Send 24h sample



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26	S/B Dr. Sridhar	
10am	Start Caffeine.	
	Dr. Sridhar	
	(113334)	
26/6/2026	S/B Dr. Sridhar	
7pm	Baby on CPAP (RAMS cannula) - FiO_2 - 25%.	
	maintaining SpO_2 - 97%.	PEEP - 5 cm H_2O
	no distress	
	HR - 115/min, PAC @ premature atrial contraction	
	S $_1$ + B.P - 58/40 (46) mm Hg	
	U.O (blu) - 1.8 ml/1h	
	P/A - int	
	on quad at - 2ml/quad 2st this out	
	cont - int/ activity @	
	M for pupraz (Day 2)	v. Sridhar
	oral caffeine at 5ml/1h/day	76744

GUC-00093072 IP18-00036190
 Baby B/O RUVANTHKA VS TWIN 1
 25-06-2026 0 Y 0 M 2 D (M)
 Dr. GIRIDHAR S



(A)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26	S/B Dr. Minisha	
2am	40 HOL	
	On FIO ₂ - 0.6 L/min	TW: 1.862 ↑ 1g
	SpO ₂ - 91-95%	U/O: 1.7
	P/A: distension @, loopy @	6hr: 2
	BSA	stools: passed 4 times
	feeds 2ml @	RR: 70 mp/dl
	ETM.	pptaz caff'ine
	tone activity - good.	→ SBR - 8-7
	Plan: To do CR	PT cutoff - 11.1.
	- SBR & Creat.	
	S/B Dr. GIRIDHAR.	
27/6/26	To do s. electrolytes.	
10:30am	feeds 2ml → 4ml.	
	TFR - 100ml/kg - 10/D.	

Dr. P...
Reg No: ...

GUC-00093072 IP18-00036190
Baby B/O RUVANTHIKA VS TWIN 1
25-06-2026 0 Y 0 M 1 D (M)



CROSS CONSULTATION FORM

Doctor Name: Dr. Rajeeh Date: 26/6/26 Time: _____

Diagnosis: PT / RDS

Hospital: RCH

- Type of Referral :
- Emergency
 - Urgent
 - Non Urgent

Referred for : Opinion Co-Management Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

26/6/26

Signature:

Findings and Recommendations:

26/6/26
Dr. Rajeeh
Mod PT / AGA

Echo: occasional PAC'n during study.
Small PFO L → R
NO PDA.
Mild TR, Mild PAH
NO VSD/CoA
Ⓝ LV Syst tx.
Predominantly Supraventricular rhythm during study

Adv
NO intervention required.
check electrolytes

Consultant: _____
Name: _____ Signature: _____ Date & Time: 26/6/26 @

Patient Sticker

Weight. Ward.

VARIABLE DOSE		Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE		Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6/26	2.30 PM	INJ. SURVANTA	7ml INSURE.	Intra tracheal	[Signature] 137223	Monticard O. POOLB.
25/6/26	4 PM	INJ. CAFFEINE	35 mg	IV	[Signature] 137223	Monticard O. POOLB.

I.V. FLUIDS CHART

Weight: 1.823 kg Ward: 10200



Date	Time	Composition of Fluid (If infusion, mention ml/hr = mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/6/2026	2:15 PM	TFR. Somelthyl day medicines		= 14 Gml 6ml					
				Net IVF 140 ml					
				10% D at 50 ml/hr					
					Dr. Pojitta 1557H				
						Manikavathi 015023			26/6/26 11am
26/6/26	11am	TFR Somelthyl day Medi		= 14 bml = 6ml = 24ml					
				Net IVF					
				116ml @ 48 ml/hr					
					Dr. Ravi 113536H				
						Manikavathi stop 12 PM			Manikavathi

Signature
VERIFIED BY: Name

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A (+) Baby's Blood Group: A +ve Sheet No: ①
 Gest Age: 32 wks + 2 days Birth Weight: 1.872 kg

Date: <u>25/6/26</u> DOL <u>MB (32+2 wks)</u> Weight <u>1.828 kg</u> Problems: <u>PT/RDS</u> Rs. <u>57 b/m</u> Exam <u>done</u> Vent. Setting <u>CPAP → PEEP-6</u> ABG <u>done</u> CXR <u>done</u> CVS <u>pink</u> HR <u>126 b/m</u> BP <u>52/36 Map (42)</u> Cap Refil <u>13 sec</u> F/E/N T. Fluids <u>80cc /kg/day</u> CC/kg/day I/O/RBS: <u>2.15pm - 73mg/dl</u> U Output: (CC/kg/hr) Exam <u>Meconium not passed</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	Date: <u>26/6/26</u> DOL <u>16 hrs PMA: (32+3)</u> Weight <u>1.858 ↑ 35gms</u> Problems: <u>PT/RDS</u> Rs. <u>57 b/m</u> Exam Vent. Setting <u>CPAP</u> $\left\{ \begin{array}{l} P_{iO_2} 21 \\ PEEP-6 \end{array} \right.$ ABG CXR <u>NOT done.</u> CVS <u>pink</u> HR <u>128 b/m</u> BP <u>54/45 Map (50)</u> Cap Refil <u>13 sec</u> F/E/N T. Fluids <u>TFR-80cc/kg/day</u> CC/kg/day I/O/RBS: <u>1.6mg/dl</u> U Output: <u>0.7 (CC/kg/hr) 0.8me</u> Exam <u>Meconium Not passed</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	Date: <u>27/6/26</u> DOL <u>40 hrs (PMA: 32+4)</u> Weight <u>1.862 ↑ 7gms</u> Problems: <u>PT/RDS</u> Rs. <u>50 b/m</u> Exam Vent. Setting <u>O₂ → 0.8 liter</u> ABG CXR <u>NOT done.</u> CVS <u>pink</u> HR <u>110 b/m</u> BP <u>54/41 Map (45)</u> Cap Refil <u>13 sec</u> F/E/N T. Fluids <u>TFR-80cc/kg/day</u> CC/kg/day I/O/RBS: <u>7.0mg/dl</u> U Output: <u>1.7 (CC/kg/hr) 2me/kg/h</u> Exam <u>Meconium passed</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results - CRP - Antibiotics <u>Inj. piptaz</u> Med <u>Inj. caffeine</u> Neuro: - Assessment <u>done</u> Plan <u>to start feed</u>	C/s Results - CRP - Antibiotics <u>Inj: piptaz</u> Med <u>Inj: cabbien</u> Neuro: - Assessment <u>done.</u> Plan <u>feed ↑</u>	C/s Results - CRP <u>5</u> Antibiotics <u>Inj: piptaz</u> Med <u>Inj: cabbien</u> Neuro: - Assessment <u>done.</u> Plan <u>feed ↑</u>