



Health Care Card

MAERSK GLOBAL SERVICE CENTRES (INDIA) PRIVATE LIMITED

Policy Number

4016/Y/376083156/01/000

Date of Birth

17/07/1994

Policy Holder Name

THIRUPURASUNDARI VENKATRAMAN

Member ID

IL83949368200

Company Name

MAERSK GLOBAL SERVICE CENTRES (INDIA) PRIVATE LIMITED

Valid To

31/12/26

01/01/26

[www.icicilombard.com](http://www.icicilombard.com)

[www.icicilombard.com](http://www.icicilombard.com)



[18002666](tel:18002666)

[18002666](tel:18002666)



[customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

[7738282666](tel:7738282666)



Toll free Number



Chat with RIA on WhatsApp

#### Disclaimer

- This card is not transferable.
- Use of this card is governed by the policy's Terms & Conditions.
- Valid upto Policy Period End date or cancellation date, whichever is earlier.
- Insurance is the subject matter of solicitation.

IRDA Reg.No.: 115. CIN: L67200MH2000PLC129408



भारत सरकार



आधार

இந்திய அரசாங்கம்  
Government of India

இந்திய தனித்துவ அடையாள ஆணையம்  
Unique Identification Authority of India

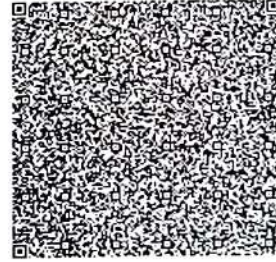
பதிவேட்டு எண் / Enrollment No.: 0000/00253/83140

To  
திருபுரசுந்தரி ரா  
Thirupurasundari R  
C/O K Venkatraman,  
8 Sri Raj Flat - GA, Annai Velankanni Nagar Phase -1,  
5th Street,  
Madhananthapuram,  
VTC: Mugalivakkam,  
PO: Mugalivakkam,  
District: Kancheepuram,  
State: Tamil Nadu,  
PIN Code: 600125,  
Mobile: 8220496754

269115398



MH691153985FL



உங்கள் ஆதார் எண் / Your Aadhaar No. :

**4136 1179 8135**

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்

Government of India



ஆதார்

Aadhaar no. Issued: 19/07/2013



திருபுரசுந்தரி ரா  
Thirupurasundari R  
பிறந்த நாள் / DOB : 17/07/1994  
பெண் / Female

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது OR குறியிடலை ஸ்கேன் செய்தல்/ஆஃப்லைன் 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).

**4136 1179 8135**

எனது ஆதார், எனது அடையாளம்

## தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது [www.uidai.gov.in](http://www.uidai.gov.in) ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்/பயோமெட்ரிக்ஸ் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்/பயோமெட்ரிக்ஸ் லாக்/அனலாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in).
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



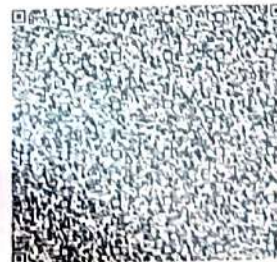
இந்திய தனித்துவ அடையாள ஆணையம்

Unique Identification Authority of India



முகவரி: C/O கி வெங்கட்ராமன், 8 ஸ்ரீ ராஜ் பிளாட் - ஜிஏ, அன்னை வேலாங்கண்ணி நகர் பேஸ் - 1, 5th ஸ்ட்ரீட், மதனந்தபுரம், முகலிவாக்கம், காஞ்சிபுரம், தமிழ் நாடு, 600125

Address: C/O K Venkatraman, 8 Sri Raj Flat - GA, Annai Velankanni Nagar Phase -1, 5th Street, Madhananthapuram, Mugalivakkam, PO:Mugalivakkam, DIST:Kancheepuram, Tamil Nadu, 600125



4136 1179 8135



आयकर विभाग

INCOME TAX DEPARTMENT

R THIRUPURASUNDARI

RAJADESINGH

17/07/1994

Permanent Account Number

AXCPT0789L



Signature



भारत सरकार

GOVT. OF INDIA



**RE: Claim Approved: Your Claim  
110202514494-1 for Policy  
No.4016/Y/376083156/01/000 is Approved!**

---

**From:** Debajyoti Maitra /SIG/ICICILOMBARD/PRBD  
[debajyoti.maitra@icicilombard.com](mailto:debajyoti.maitra@icicilombard.com)  
**To:** Thirupurasundari Venkatraman  
[thirupurasundari.venkatraman@maersk.com](mailto:thirupurasundari.venkatraman@maersk.com),  
paladugu.sadana  
[paladugu.sadana@ext.icicilombard.com](mailto:paladugu.sadana@ext.icicilombard.com),  
salvadi.avinash  
[salvadi.avinash@ext.icicilombard.com](mailto:salvadi.avinash@ext.icicilombard.com)  
**Cc:** vishnu.t [vishnu.t@icicilombard.com](mailto:vishnu.t@icicilombard.com), Ashtik  
Sharma /STRINS/ICICILOMBARD/PRBD  
[ashtik.sharma@icicilombard.com](mailto:ashtik.sharma@icicilombard.com)  
**Sent:** Friday, June 26 at 3:22 PM

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Dear Sir,

Pls fill the baby addition form, the baby will be added in 10 working days.

<https://forms.office.com/r/qj08dB2ybA>

Meanwhile if it is a network hospital pls ask the hospital to send us a separate request with your wife's e-card and mentioning "baby of mother's name" in the form, we will process the claim as per policy terms and conditions.

**With Warm Regards,**

**Debajyoti Maitra**

**Senior Manager – International Business**

**International Business Group**

**Ph: + 91 - 9903241581 | [debajyoti.maitra@icicilombard.com](mailto:debajyoti.maitra@icicilombard.com)**

**ICICI Lombard General Insurance Co Ltd.**

**From:** Thirupurasundari Venkatraman

<[thirupurasundari.venkatraman@maersk.com](mailto:thirupurasundari.venkatraman@maersk.com)>

**Sent:** 26 June 2026 15:18

**To:** [pramod.sm](mailto:pramod.sm@ext.icicilombard.com) <[pramod.sm@ext.icicilombard.com](mailto:pramod.sm@ext.icicilombard.com)>;

Debajyoti Maitra /SIG/ICICILOMBARD/PRBD

<[debajyoti.maitra@icicilombard.com](mailto:debajyoti.maitra@icicilombard.com)>; ILOMSUPPORT

/CS/ICICILOMBARD/KANJ <[support@icicilombard.com](mailto:support@icicilombard.com)>

**Subject:** Re: Claim Approved: Your Claim 110202514494-1

for Policy No.4016/Y/376083156/01/000 is Approved!

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**From:** Thirupurasundari Venkatraman

<[thirupurasundari.venkatraman@maersk.com](mailto:thirupurasundari.venkatraman@maersk.com)>

**Sent:** Friday, 26 June 2026 15:10:59

**To:** [pramod.sm](mailto:pramod.sm@ext.icicilombard.com) <[pramod.sm@ext.icicilombard.com](mailto:pramod.sm@ext.icicilombard.com)>

**Subject:** Re: Claim Approved: Your Claim 110202514494-1

for Policy No.4016/Y/376083156/01/000 is Approved!

hello @Pramod SM

/EXT/IHEALTH/ICICILOMBARD/BLR,

Need your approval on adding new born baby in ICICI health insurance.

On June 22<sup>nd</sup> I have delivered a boy baby, he is now diagnosed with jaundice. As a new born baby we couldn't add the baby name in insurance portal.

To proceed with cashless claim , Rainbow hospital is asking for the insurance person approval email.

Please need your kind support on this.

Regards,

Thirupurasundari

**From:** [cashlessrequest@icicilombard.com](mailto:cashlessrequest@icicilombard.com)

<[cashlessrequest@icicilombard.com](mailto:cashlessrequest@icicilombard.com)>

**Sent:** Wednesday, 24 June 2026 14:04:12

**To:** Thirupurasundari Venkatraman

<[thirupurasundari.venkatraman@maersk.com](mailto:thirupurasundari.venkatraman@maersk.com)>

**Subject:** Claim Approved: Your Claim 110202514494-1 for Policy No.4016/Y/376083156/01/000 is Approved!

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**Claim Request Approved!**

Emp / Mem ID: TVE060  
Claim Number: 110202514494-1  
Patient Name: THIRUPURASUNDARI VENKATRAMAN  
Policy No: 4016/Y/376083156/01/000

Dear THIRUPURASUNDARI VENKATRAMAN,

We are pleased to inform you that we have approved your Claim No. 110202514494-1 within 00:31 hours.

Amount Approved Rs.75000 (Rupees SEVENTY-FIVE THOUSAND in words) only.

Attached is your Claim Approval Letter for your easy reference.

**Next steps:**

1. We will settle the claim as per the agreed tariff between the hospital and ICICI Lombard GIC Ltd.

2. Please coordinate with the Hospital TPA for the refund of any deposited amount.

**Now Track Your Claim Easily:**

We understand that staying updated is crucial. You can easily track the progress of your claim through the following options:

1. IL TakeCare App, [Click here](#) to download.
2. Connect with RIA on WhatsApp at [7738282666](tel:7738282666), simply type "Claim Status" OR
3. Visit <https://ilhc.icicilombard.com/Customer/ClaimStatus> and enter your claim number.

Please provide us the details of other policies to enable us to co-ordinate with other insurer at the time of claim to settle the balance claim amount in case sum insured in this policy is exhausted.

Insurer Name:

Policy Number:

Sum Insured:

Policy Period:

Other details:

For further assistance, please feel to connect with us on 18002666 or write to us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

Warm Regards,

Team ICICI Lombard.

 IL TakeCare App iOS   Android	 Chat with RIA on Whatsapp (+91 7738282666)	 Chat with RIA on our Website
 1800 2666 (toll free)	 <a href="http://www.icicilombard.com">www.icicilombard.com</a>	 <a href="mailto:customersupport@icicilombard.com">customersupport@icicilombard.com</a>

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Need your approval on adding new born baby in ICICI health insurance.

On June 22<sup>nd</sup> I have delivered a boy baby, he is now diagnosed with jaundice. As a new born baby we couldn't add the baby name in insurance portal.

To proceed with cashless claim , Rainbow hospital is asking for the insurance person approval email.

Please need your kind support on this.

Regards,  
Thirupurasundari

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**From:** [cashlessrequest@icicilombard.com](mailto:cashlessrequest@icicilombard.com)

<[cashlessrequest@icicilombard.com](mailto:cashlessrequest@icicilombard.com)>

**Sent:** Wednesday, 24 June 2026 14:04:12

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**Claim Request Approved!**

Emp / Mem ID: TVE060  
Claim Number: 110202514494-1  
Patient Name: THIRUPURASUNDARI  
VENKATRAMAN  
Policy No: 4016/Y/376083156/01/000

Dear THIRUPURASUNDARI VENKATRAMAN,

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1. IL TakeCare App, [Click here](#) to download.
2. Connect with RIA on WhatsApp at [7738282666](tel:7738282666), simply type "Claim Status" OR
3. Visit <https://ilhc.icicilombard.com/Customer/ClaimStatus> and enter your claim number.

Please provide us the details of other policies to enable us to co-ordinate with other insurer at the time of claim to settle the balance claim amount in case sum insured in this policy is exhausted.

Insurer Name:

Policy Number:

Sum Insured:







Policy Period:

Other details:

For further assistance, please feel to connect with us on 18002666 or write to us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

Warm Regards,

Team ICICI Lombard.

 IL TakeCare App iOS   Android	 Chat with RIA on Whatsapp <a href="tel:+917738282666">(+91 7738282666)</a>	 Chat with RIA on our Website
 1800 2666 (toll free)	 <a href="http://www.icicilombard.com">www.icicilombard.com</a>	 <a href="mailto:customersupport@icicilombard.com">customersupport@icicilombard.com</a>

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**MAERSK**



**Name : Thirupurasundari V**

**APM ID : TVE060**

**Blood Group : O+ve**

**Emg. Contact : 8870866355**



# NEONATAL IN-PATIENT MEDICAL RECORD

## ADMISSION INFORMATION

Mother's Name : B/o Muniswamy Arden Age : 31y Father's Name : Venkataram Age : \_\_\_\_\_  
 Date of Birth : \_\_\_\_\_ Date of Admission : \_\_\_\_\_ UHID No. : \_\_\_\_\_  
 NICU Consultant : Dr. Padmapriya 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 Muniswamy Arden Mother's Blood Group : O+ve  
 Gender :  M  F Blood Group : A+ve Birth Weight (gms) : 3.058g Length (cms) : 48cm  
 Date of Birth : 22/6/26 Time of Birth : 4:37pm OFC (cms) : \_\_\_\_\_  
 Place of Birth : Red gandy Estimated Gesth Age : \_\_\_\_\_

Current Obstetric History : (Booked / Unbooked Case)  
 Maternal Age : \_\_\_\_\_ Ht : \_\_\_\_\_ Wt : \_\_\_\_\_ BMI : \_\_\_\_\_ Married Life : \_\_\_\_\_ LMP : \_\_\_\_\_ EDD : \_\_\_\_\_  
 Conception : Spontaneous or with Rx : \_\_\_\_\_  
 Booked at what GA : \_\_\_\_\_ AN Steroids Drugs / Doses : \_\_\_\_\_  
 Last Scans Details : (2) TT Immunization and Iron / Folic Acid : \_\_\_\_\_

## MATERNAL RISK FACTORS

Age :  <18 yrs  > 35yrs  
 Consanguinity :  Yes  No  
 If yes, degree of consanguinity :  1  2  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  
 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  
 Malaria  UTI  TORCH  TB  HIV  HBV )  
 UTI : when : \_\_\_\_\_ Any culture : \_\_\_\_\_

PPROM : Duration : \_\_\_\_\_  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : \_\_\_\_\_  
 Medication during Pregnancy : \_\_\_\_\_ Duration : \_\_\_\_\_

PAST OBSTETRIC HISTORY

G: 4 P: 1 A: 2 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	sgs.	36+3	2.9kg	M		
G2	9w	miscarriages.				
G3	9w					

G4 → (present).

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : .....  Inborn  Outborn

Duration of Labour First stage (> 18 hours sig) Second stage (> 2 hours after dilation) LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : ..... Specify the reason : ..... Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal	CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological MSL : ..... Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No Cord ABG : ..... Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....
--	--

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : (36+2) weeks 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
8/10	9/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Yellow discoloration of the eyes & the body upto soles

SBR done at follow up on Day of life  
S.Br - 24 (Cuci - 22)

History of Present Illness:

H/o. weight loss @ ~~11.7g~~ (11.7%)  
No h/o fever / compl. w/d.

No feeding issues

No other complaints

Urine output - good

Mecamin - pany

Investigation details in previous Hospital:

Feeding History:

Feeding well - 0.24 / No complaints.  
good technique & latch

Past History:

Family History:

Socio Economic History:

GENERAL EXAMINATION ON ADMISSION

General Disposition:

Alert & Ⓟ

Yellow discoloration upto knees

VITALS : Temperature : 97.1 F HR : 132/min RR : 40/min NIBP : CFT : <3s

Color of the extremities :

Jaundice : Ⓟ upto knees Pallor : SpO2 : 98% @ RA

Anthropometry : Birth Weight : Length : 48 cm HC : Present Weight : 2.7

Ponderal Index : AGA : SGA : LGA :

### HEAD TO TOE EXAMINATION

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

**Facies :**  
(Any Facial Dymorphism) | (N)

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

**EYES :**  
Symmetry : | (N)  
Red Reflex :  
Discharge :

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

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

**ABDOMEN and UMBILICUS :**  
Shape : | (N)  
Organomegaly :  
Bowel Sounds :  
Umbilical Stump :  
Discharge :

**GENITILIA :**  
Labia / Hymen : | (N)  
Testicles/penis :  
Anus :

**HERNIAL ORIFICES** | (N)

**TRUNK and SPINE :**

**SKIN LESIONS :**

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

# SYSTEMIC EXAMINATION

## Respiratory System :

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

Mention If baby has Respiratory distress : RR : 9.8/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 : 98% Auscultation : B/LCS ⊕ Breath Sounds : N VBS Added Sounds : .....

## Cardiovascular System :

HR : 140/min BP : .....

Precordial Activity : .....

Femoral Pulses : .....

Murmurs : .....

Other Peripheral Pulses : .....

Signs of Cardiac Failure : .....

## Abdomen :

Shape : .....

Hernia orifice : .....

Palpation : soft NT, no organomegaly

Anal Patency : .....

Palpable masses : .....

Umbilical Cord : .....

Abdominal girth : .....

First urine passed : .....

Meconium passed : .....

## Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : .....

Prechtle Score : .....

## Nerves :

## Motor System :

Passive Tone : (P)

Active Tone : (N)

Neonatal Reflexes :

Grasp :  Palmar  Plantar  Sucking  Rooting  Crossed adductor : .....

Moro's : .....

ATNR : .....

DTR : 2+

Skull and Spine : .....

Any Congenital Anomalies : .....

Diagnosis : .....

### FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

*Handwritten signature*  
203377  
26/6/26, 5:10 PM

Consultant :

Signature : .....

Name : .....

Date & Time : .....

### PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....
- Address : .....
- Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
- Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....

..... on whose name the patient is being referred.

GUC-00052949 IP 10-00030204  
 Baby B/O THIRUPURASUNDARI. R  
 22-06-2026 0 Y 0 M 4 D (M)  
 DR. PADMAPRIYA EKAMBARAM



①



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>20/6/26</del>	SIB. Dr. Locky MINEM	
	Term (36+2 weeks) (Boy) 3.058 / AUA / OAschup / <sup>Neonatal</sup> Nephelometry	
	NBS - ⊕ T. bil = 24.0 (23.5/0.5)	NBS
	Birth wt = 3.058 kg Today wt: 2.700 kg Δ. 11.67 lbs.	vitals - stable winc - passed stool / meconium passing
	Sebor ⊕ (white scales) Feeding well - ASH	
	Doubt	
	<u>Plan:</u> - Continue <del>single</del> <sup>single</sup> nipple <sup>percutaneous</sup> (ASPI) - Do S-Br / S. electrolytes / Albumin / Direct count test - skin cont / P smears at 10: PM today	
	- w/f urine output / dehydration	
	- Continue frequent feeding / EBF - palada / formula feeds	
	- Inform reports.	

**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 26/6/26 Time: 4:30 PM

Doctor/Nurse/Family Concern? \_\_\_\_\_

Temperature (°F)	104	
	103	
	102	
	101	
	100	
	99	
	98	97.5
	97	
	96	
	95	

Heart Rate (bpm)	190	
	180	
	170	
	160	
	150	
	140	
	130	132
	120	
	110	
	100	

Heart Rate (Number) 132b/min

Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	40
	30	
	20	
	10	
	0	

Resp Rate (Number) 40b/min

Resp Distress	Mod/ Severe	
	None / Mild	L
Receiving O <sub>2</sub> (l/min)		0%
O <sub>2</sub> Saturations (%)		L

Conscious Level	Normal	
	Altered	
GCS *		15

**TOTAL SCORE**  
 Number of shaded boxes: \_\_\_\_\_  
 Pain Score: \_\_\_\_\_  
 Observer's Initials: [Signature]

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
  - Score 2 : Shift in charge nurse to be informed and continue hourly observations
  - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
  - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
  - Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

\* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min., then irrespective of rest of the score, the Nurse MUST inform the PICU team.