



**PPN NETWORK - DECLARATION BY PATIENT/PATIENT'S ATTENDANT**

Name of the Hospital : ..... Date : 27/6/2026  
RAINBOW CHILDREN'S MEDICARE  
 Anna Salai, Guindy, Chennai - 1  
 www.rainbowhospitals.in

Address : .....

PATIENT NAME (BLOCK LETTERS) : BABY OF RUVANTHIKA SURESH - TWIN 2 AGE/SEX : 2 DAYS / MALE

IP No : ..... UHID No : ..... Mobile No of Patient : 9840572220

Date of Admission : 25/6/2026 Time of Admission : .....

Date of Discharge : ..... Time of Discharge : .....

Address of the Patient : TD, PANANIYAM SANJIVINI, 72 LB ROAD, THIRUVANMIYUR, CHENNAI 41

NAME OF THE ATTENDANT : PREM ANAND KRISHNAH GOORTHY Relationship with the Patient : FATHER

Mobile No. of Attendant : 9500173030 Address : TD, PANANIYAM SANJIVINI, 72 LB ROAD, THIRUVANMIYUR, CHENNAI 41

Declaration regarding Insurance Policy (Strike off the option which is not applicable)

- (i) **Declaration when patient has no insurance policy:**
  - I declare that I do not have any insurance policy.
- (ii) **Declaration when patient has insurance policy:**
  - I declare that I have following Insurance Policies

Policy No/TPA card No: 4092338652

Insurance Company: THE NEW INDIA ASSURANCE Co. LTD

2) Whether patient opted for Eligible Room Category under Policy:  
 Yes / No

3) In case, policyholder wishes to avail better facility:

Name of the Additional Facility/ Provision/ Procedure/ Treatment .....  
 ..... which costs Rs : .....  
 (In words: .....  
 ..... ) only.

On my own option, I wish to avail above better facility and I hereby agree to pay on my free will, after being explained in detail by the Hospital authority in my own and understandable language about the above mentioned Additional Facility/Procedure/Treatment and associated cost of it, which is over and above the agreed PPN tariff. Further, if I opt to go for final bill reimbursement with insurance company, respective insurance company will reimburse only as per agreed PPN tariff rates and balance amount will be borne by myself or patient only.

I have also been explained that when room service of a category better than eligible room rent is availed by the patient, not only the difference in room rent but also an equal proportion of all other charges associated with the treatment shall be borne by me.

Signature : .....  
 Name of the Patient/Patient's attendant:

PREM ANAND KRISHNAH GOORTHY

Signature : .....  
 Name of the Hospital Representative & Hospital Seal :



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**



**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](http://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](http://www.mediassisttpa.in) Email: [ford@mediassist.in](mailto:ford@mediassist.in)

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

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**



**MA4072098926**

**Contact number: 04071325032**

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

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: **--**



**MA4092338651**

**Contact number: 04071325032**

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

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: **--**



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**Contact number: 04071325032**

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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



இந்திய அரசாங்கம்

Government of India



ஆதார்

Aadhaar no. issued: 27/02/2015



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

GU: 00093073 IP18-00036191  
 Baby B/O RUVANTHIKA VS TWIN 2  
 25-06-2026 0 Y 0 M 0 D 3 H (M)  
 Dr. BIRDHAR S



# NEONATAL IN-PATIENT MEDICAL RECORD

## ADMISSION INFORMATION

Mother's Name: Mrs Ruvanthika Age: 32 Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date of Admission: \_\_\_\_\_ UHID No.: \_\_\_\_\_  
 NICU Consultant: Dr. Anindhan Referring Consultant: Dr. Divya Sivaraman  
 Transferring Unit:  OT  Labour Room  ER  Ward  
 Transported?  Yes  No - If yes:  Long (> 30 kms)  Short (< 30 kms)

## BIRTH INFORMATION

Name: P/o Ruvanthika Twin II Mother's Blood Group: A1+ve  
 Gender:  M  F Blood Group: O+ve  
 Date of Birth: 25/06/2026 Time of Birth: 1:14  
 Place of Birth: 2nd OT Quindy PM Estimated Gesth Age: 32+2

Current Obstetric History: (Booked / Unbooked Case)  
 Maternal Age: 32 HT: \_\_\_\_\_ Wt: 81kg BMI: \_\_\_\_\_ Married Life: 6y LMP: 11/11/2025 <sup>by BT</sup> EDD: 18/08/2026  
 Conception: Spontaneous or with Rx: IVF (ICSI) DCDA twins cervical mucus arabian  
 Booked at what GA: \_\_\_\_\_ AN Steroids Drugs / Doses: covered Mga given penary  
 Last Scans Details: NTG anomaly scan @ 23/6/26 DCDA fetus B - transverse lie  
3/6/26 DCDA (fetus A) - EFW 1831 ± 1031g cephalic placenta - grade I calcification  
(32w) liquor - adequate TT immunization and Iron / Folic Acid: big - adequate  
 EFW: 1633g

## MATERNAL RISK FACTORS

Age:  <18 yrs  >35yrs SPP-3.8 doppler @ +  
 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 high resistance flow in umbilical artery  
 Controlled or not, recent values, HbA1 values: LPR - 2nd centile  
 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: \_\_\_\_\_

Patient Sticker

**PAST OBSTETRIC HISTORY**

G: Primi P: ..... A: ..... L: .....

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

**PERINATAL HISTORY**

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

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig)</p> <p>Second stage (&gt; 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : .....</p> <p>Specify the reason : .....</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : .....</p> <p>Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : .....</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....</p>
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**NEONATAL RESCUSTITION 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
0	1	
2	2	
1	2	
2	2	
2	2	
<b>TOTAL</b>		
7/10	9/10	

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

Comments :

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

## History of Present Illness:

Baby cried at birth.

At 2 mins of life.

SpO<sub>2</sub> - 58% - 60%; good spont. efforts &  
RFO<sub>2</sub> was initiated with FiO<sub>2</sub> - 30%. (max 50%)

At 4 mins, baby developed retractions & grunt  
audible with stethoscope

RR - 49/min      DOWNE: 3/10

CPAP was initiated with PEEP 5 and  
FiO<sub>2</sub> 50%, tapered to 30%.

and baby shifted to NICU for further  
care.

## Investigation details in previous Hospital:

## Feeding History:

Patient Sticker

Past History :

Family History :

Socio Economic History :

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

VITALS : Temperature : ..... HR : 156/min RR : 49/min NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 96%.

Anthropometry : Birth Weight : 1-484 kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : 6/ile LGA : .....

HEAD TO TOE EXAMINATION

<b>HEAD :</b>	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
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<b>Facies :</b> (Any Facial Dysmorphism)	
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<b>NECK and CLAVICLES :</b>	Range of Motion : Asymmetry : Masses :	
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<b>EYES :</b>	Symmetry : Red Reflex : Discharge :	(N)
---------------	---	-----

<b>EARS, NOSE MOUTH and THROAT :</b>	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N) <i>bu choana patent</i>
--------------------------------------	---	--------------------------------

<b>THORAX and BREASTS :</b>	Shape of Thorax : Position of Nipples and Number :	
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<b>ABDOMEN and UMBILICUS :</b>	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	2A, IV
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<b>GENITALIA :</b>	Labia / Hymen : Testicles/penis : Anus :	(N) <i>bu testi palpable</i>
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<b>HERNIAL ORIFICES</b>	
-------------------------	--

<b>TRUNK and SPINE :</b>	
--------------------------	--

<b>SKIN LESIONS :</b>	
-----------------------	--

<b>EXTREMITIES :</b>	Fingers / Toes : Arms / Legs : Deformities : Mobility :	(N)
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### SYSTEMIC EXAMINATION

#### Respiratory System :

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

Mention if baby has Respiratory distress : RR : 49 SCR/ICM See - Saw breathing : .....

Scoring of respiratory distress if present (Silverman or Downe's) : + DOWNE: 3

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : 5/30/1

Spo2 : 96% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

#### Cardiovascular System :

HR : 156/min BP : ..... Precordial Activity : .....

Femoral Pulses : ..... Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

Abdomen : soft Hernia orifice : .....

Shape : ..... Anal Patency : .....

Palpation : ..... Umbilical Cord : 2A, IV

Palpable masses : ..... First urine passed :

Abdominal girth : ..... Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) : ?

State of wakefulness : ..... cry (N)

Prechtle Score : ..... tone (N)

Nerves : ..... activity (N)

#### Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

Any Congenital Anomalies : .....

Diagnosis : *mod PT / 32+2 / SGA / boy / 1: 484 / 6 / 16 / DCDA twin II / IVE conception*

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

*Signature of Dr. Poojitra 153785*

Consultant :

Signature : .....

Name : .....

Date & Time : .....

*Dr. Vinodha*

*Signature of Dr. Poojitra 153785*

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....

2. Name of the referring Hospital : .....

Address : .....

Contact Numbers : .....

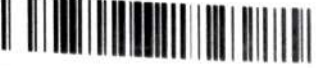
Contact Details of the referring Doctor : .....

E-mail ID : .....


Mobile No. : .....

Name of the Doctor in Rainbow Team : .....

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



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/06/2026	S/B Dr. Poopittra	
2:00 pm	Baby received in NICU.	
	temp: 34.6 °C	
	connected to CPAP 5/30%	
	RS: BIL A/E	
	SpO <sub>2</sub> - 95%	
	mild SCRA	
	HR - 150/min pink	urine - passed at birth
	BP - 55/42	(US)
	P/A - soft	
	tongue activity N	
	CXR - mild RDS.	
		Plan:
		- CPAP 5/30
		- Feeds - NPO
		2ml Q2H after 6 hrs
		- Blood gas, CBC, blood grouping typing
		- Inf piptag.
	 Dr. Poopittra 15/25/26	

Patient Sticker



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26	S/S Dr. Shrivastava Moderate PT 32+2wks / Boy / 1.4kg / 47 / DC on Pwors 2	
	RDS - CPAP	
9:40 AM	20 HCL	
		F. wt - 1.449 ↓ 11 gm
	- Baby on CPAP	U/O - 3.2ml / 4h - 6h
		C-6ml / 4h / 6h - 24 h
	- HR: 140 bpm	PSS - 7.2 ml / 2h
	BP: 43 / 37 (37)	Mena - (1)
	- TFR - 80ml / 4h / day	
	on feeds 2ml / 2hrly	
	HA - 1267, BS (P)	
	HR - 138 / min	D. Shrivastava (113334)
	Aclit / 1 hr (2)	
26/6	S/S Dr. Shrivastava	
10:30 AM	Trial of CPAP to L flow O <sub>2</sub> - 12 l/min	
	feed 3 → 4ml	from 12 pm
	6 feeds	
	2hr hour sample	
	D. Shrivastava (113334)	

Patient Sticker

(3)






PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/2016 6 pm	S/B Dr. Chappan	
	Baby on $\text{FIO}_2$ at 0.4 l/min, maintaining $\text{SpO}_2$ - 99% BAG, no distress.	
	HR - 156/mins Slight nourishment, B.P - 66/42 (52) mm Hg U/O (6 hours) - 1.9 ml/kg/hr P/A - SAT.	
	M feeds at 3ml/feed @ 2H ONC m/evl by @ THR - 80ml/kg/day	r. chappan 76747
26/6 11:45 AM.	S/B Dr. Sinha	
	Screen ECHO -	No PDA closed
	Screen NSU -	No bleed.
27/6 7 am	S/B Dr. Poojitra	Dr. Poojitra 155781
	Mod PT / 32+2 / boy / 1.48 kg	DLDA twin 2 / RDS - CPAP
	44 H.O.L.	TW : 1.428 kg ↓ 21g
	On $\text{FIO}_2$ 0.3L/min	U/O : 2 ml/kg/hr
	$\text{SpO}_2$ 96%	GHS : 2.8 ml/kg/hr
	R/LAT @	RBS : 130 ml/dl

Patient Sticker



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	HR - 165 BP - 52/40 (uc)	
	P/A soft feeds 4ml q2h Orpeds Edm.	
	bow activity @	prolase CRP-6 Caspine 5mg/kg
	 of next price - SBR, Sr-ventiline	
		S/B Dr. Minitha
<del>27/6</del> Saw	TRR 100 ml/kg/day feeds 5 → 6 → 2ml	
	SBR - 8.4.	 Dr. Poojitha S Reg No: 155785
<del>27/6</del> feeds	S/B Dr. GIRLOHAR 6 → 8 ml. CBG every shift	
	 127273 Dr. Poojitha	









GUC-00093073 IP18-00036191  
 Baby B/O RUVANTHKA VS TWIN 2  
 25-06-2026 OYOMODSH (M)  
 Dr. GIRIDHAR S



## INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A1+ve Baby's Blood Group: otve Sheet No: 1  
 Gest Age: 32 w 2 Birth Weight: 1.4284

Date: <u>26/6/26</u>	Date: <u>27/6/26</u>	Date:
DOL <u>17 hr 32+3</u> Weight <u>1.429 ↓ 11g</u>	DOL <u>41 hr 32+4</u> Weight <u>1.428 ↓ 21g</u>	DOL Weight
Problems: <u>PT / RDS</u>	Problems: <u>PT / RDS</u>	Problems:
Rs. <u>50 bpm</u> Exam <u>done</u> Vent. Setting <u>F102 - 21%</u> ABG <u>Peep - 5</u> CXR <u>Flow - 5</u>	Rs. <u>48 bpm</u> Exam <u>done</u> Vent. Setting <u>O2 - 0.3</u> ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS <u>pink</u> HR <u>136 bpm</u> BP <u>Map</u> Cap Refil <u>235e</u>	CVS <u>pink</u> HR <u>128 bpm</u> BP <u>52/40 Map (46)</u> Cap Refil <u>235e</u>	CVS HR BP <u>Map</u> Cap Refil
F/E/N T. Fluids <u>118.4 ml/kg/h</u> CC/kg/day I/O/RBS: <u>T2 mg/dl</u> U Output: <u>1.6 (CC/kg/hr) 3.2</u> Exam <u>merconium passed (1)</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids <u>136.1 ml/kg/h</u> CC/kg/day I/O/RBS: <u>130 mg/dl</u> U Output: <u>2 (CC/kg/hr) 2.8</u> Exam <u>merconium passed (1)</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics <u>Ivg piptax</u>	C/s Results CRP Antibiotics <u>Ivg piptax</u>	C/s Results CRP Antibiotics
Med <u>Ivg caffeine</u> Neuro:	Med <u>Ivg caffeine</u> Neuro:	Med Neuro:
Assessment <u>done</u>	Assessment <u>done</u>	Assessment
Plan <u>↑ med off @</u>	Plan <u>↑ med off @</u>	Plan