



# Computerized Physician Order Entry (CPOE)

*Neonatal Intensive Care Unit*



User Name:

LOG IN

Password :

EXIT

**Alchemist Hospitals Ltd.**

**End-User Agreement:  
Computerized Physician Order Entry (CPOE)**

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REV

Version: 09.01

End of User Agreement



## Computerised Physician Order Entry (CPOE)

Neonatal Intensive Care Unit

Baby's IP Number: **11/14212** View IP Number

Today : **Friday, Jul 01, 2011 8:18:57 PM**  
 Note Date: **Friday, Jul 01, 2011 10:32:39 AM**



### Maternal Details:

Mother's Name:

Mother's IPN:

Mother's MRN:

Father's Name:

Address:

Phone #:

### Neonatal Details:

Birth Date/Time:

Baby's Name:

Sex: **FEMALE**

Baby's IP Number: **11/14212**

Baby's MR Number:

Birth weight:  grams

Day of Life: **2** **56** hrs

Maturity: **TERM**

Birth Hospital:

Referring Hospital:

Obstetrician:

Consultant:

Total Patients Admitted: **5**

Baby's IP Number :  Mother's Name :  JRA Sex : FEMALE Day of Life : 8 days / 56 hrs Gestation weeks : 38  
 Baby's MR Number :  Birth Date/Time : 25/06/2011 7:32 AM Birth Wt. : 2400 Today : 01/07/2011 3:19 PM Maturity : TERM

Significant Medical Problems	
Gestational Diabetes Mellitus	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Pre-eclampsia	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Hypertension	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Congenital Heart Disease	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Other Problems

Obstetric History												
Mother's Age	<input type="text"/> 29	Grav	<input type="text"/> 1	Para	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0	LMP	<input type="text"/> 01/10/2010 <input type="text"/> 40/40/40	Gestation weeks	<input type="text"/> 38
Toxoplasma	<input type="text"/> NR	Herpes History	<input type="text"/>							Hepatitis B sAg	<input type="text"/> NR	
Subella Titer	<input type="text"/> NR	Other STDs	<input type="text"/>							HIV Testing	<input type="text"/> NR	
Cytomegalovirus	<input type="text"/>	Transfusions	<input type="text"/>							Blood Group	<input type="text"/> O <input type="text"/> Rh <input type="text"/> POSITIVE	

Delivery	
Delivery Date/Time	<input type="text"/> 25/06/2011 7:32:00 AM
Type of Delivery	<input type="text"/> Caesarean Section

Additional Maternal History
HYPOTHYROIDISM ON ELTROXIN

Mother's Diagnosis
PGR AT TERM WITH ABRUPTIO PLACENTA

Baby's IP Number :  Mother's Name :  RA Sex : FEMALE Day of Life : 1 days / 56 hrs Gestation weeks : 38  
 Baby's MR Number :  Birth Date/Time : 26/06/2011 7:32 AM Birth Wt. : 3400 Today : 01/07/2011 3:18 PM Maturity : TERM

**A. Condition at Birth:**

Color:  Cried at Birth:  Meconium:  Multiple Gestation:

**B. Resuscitation**

Active Resuscitation:  Type of resuscitation:

**C. First Examination**

HEAD	
<input type="checkbox"/>	Normal Shape, Fontanelles Normal, Ears Normal
<input type="checkbox"/>	

FACE	
<input type="checkbox"/>	Eumorphic, Eyes normally spaced, Palate comp
<input type="checkbox"/>	

ABDOMEN	
<input type="checkbox"/>	Umbilical Cord 2A, TV, No Lump, W
<input type="checkbox"/>	

CHEST	
<input type="checkbox"/>	Normal Shape, AE-Normal, HS- S1
<input type="checkbox"/>	

GENITALIA	
<input type="checkbox"/>	Labia Normal
<input type="checkbox"/>	Clitoris Normal
<input type="checkbox"/>	

Birth Trauma	
<input type="text"/>	NONE

Gross Congenital Dysmorphism	
<input type="text"/>	NONE

APGAR SCORE						
Time	0	1	5	10	30	1 Hr
Score			9	10		





Baby's IP Number :  Mother's Name :  **JRA** Sex : **FEMALE** Day of Life : **1 days / 56 hrs** Gestation weeks : **38**  
 Baby's MR Number :  Birth Date/Time : **29/06/2011 7:32 AM** Birth wt. : **2400** Today : **01/07/2011 10:21 PM** Maturity : **TERM**

Type of Discharge Summary

Admission Date :   
 Discharge Date :  Time :

Discharged Home  LAMA  MLC  
 Referred To:   OOR  MR.ORG:

**IMPORTANT INVESTIGATIONS**

Description	DATE						
BLOOD GROUP	w	O POSITIVE					
DAT	w	NEGATIVE					
	w						

**PROCEDURES**

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**PROCEDURES / SURGERY : ADDITIONAL DETAILS**

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**CURRENT FLUID AND ELECTROLYTE STATUS**

Na:  K:  Ca:  Urea:  Creat:   
 pH:  pO2:  pCO2:  HCO3:  ABG:

**COURSE DURING HOSPITAL STAY**

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**RELEVANT CLINICAL FINDINGS**

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Baby's IP Number :  Mother's Name :  **RA** Sex : **FEMALE** Day of Life : **3 days / 56 hrs** Gestation weeks : **38**  
 Baby's MR Number :  Birth Date/Time : 29/04/2012 7:32 AM Birth Wt. : 2400 Today : 01/07/2012 3:22 PM Maturity : **TERM**

IP Number: **11/11112**

PREMATURITY | PNEUMONIA | HYPERBILIRUBINAZEMIA | HYALINE MEMBRANE DISEASE | CONGENITAL HEART DISEASE | NEONATAL SEPTICAZEMIA

Include in Discharge Summary

GESTATION BY DATES	<input type="text"/>	ASSOCIATED RUG	<input type="text"/>
SURFACTANT THERAPY	<input type="text"/>	FEED STARTED ON	<input type="text"/>
CPAP DURATION	<input type="text"/>	FEED TYPE	<input type="text"/>
VENTILATION DURATION	<input type="text"/>	SUPPLEMENTS	<input type="text"/>
POA STATUS	<input type="text"/>	ROP DONE ON	<input type="text"/>
BACTERIAL ISOLATES	<input type="text"/>	NEXT ROP DUE	<input type="text"/>
FUNGAL CULTURE/COH PREP	<input type="text"/>	LAST HEMATO CRIT	<input type="text"/>
OSA AT DISCHARGE	<input type="text"/>	LAST CRABAL USG	<input type="text"/>

PROBLEM LIST

*(Empty area for problem list)*

FINAL DIAGNOSIS

TERM USA GIVE FEMALE CHILD WITH BIRTH WEIGHT 2.4KG



Admit New Baby | Maternal Details | Neonatal Details | Plan Treatment | Nurses Record | Summary Page 1 | Summary Page 2 | **Discharge** | Documents

Baby's IP Number :  Mother's Name :  **LURA** Sex : **FEMALE** Day of Life : **3-days / 56-hrs** Gestation weeks : **38**  
 Baby's MR Number :  Birth Date/Time : **28/04/2011 7:12 AM** Birth Wt. : **2800** Today : **01/07/2011 3:21 PM** Maturity : **TRM**

## TREATMENT GIVEN

## BABY'S CONDITION @ DISCHARGE

 Discharge Weight  Discharge Length  Discharge HC 

 ACCEPTING BREAST FEEDS WELL  
 ACCEPTING AND TOLERATING FEEDS WELL  
 PASSING URINE STOOLS NORMAL

## DISCHARGE ADVICE

## MEDICATIONS

 VITAMIN-C DROPS 10DROPS BD X 3MONTHS  
 TOROPRON DROPS 30DROPS OD X 3MONTHS  
 VIT-D3-OLEO-CALCIUM 200L TDS X 3MONTHS

## BABY CARE

(1) Keep baby warm in one extra layer of clothing compared to what you feel comfortable in any season / environment.  
 (2) Exclusively breast feed the baby till 6 months of age. (3) In case breast feed is not enough, top feed can be prepared with lacto-2 using 2 scoop dry powder for every 30 ml warm sterile water. (4) Feed with spoon and cup/ latorn – but DO NOT USE bottle. (5) Do not use Gluuts, Honey or other hyper-osmolar (Thick) feeds to baby. (6) Do not put anything in baby's eye as it may infect the eye itself. (7) Bathing the baby is advised.

## FEEDING

EXCLUSIVELY BREAST FEED THE BABY TILL 6MONTHS OF AGE

## FOLLOW UP PLAN

FOLLOW UP ON 02/07/11 FOR VACCINATION AND GUIDANCE

 Follow-up Date: 

 Time: 

 Emergency Contact Name: 

 Emergency Contact Number:



[Admit New Baby](#)
[Maternal Details](#)
[Neonatal Details](#)
[Plan Treatment](#)
[Nurses Record](#)
[Summary Page 1](#)
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[Discharge](#)
[Documents](#)

Baby's IP Number :  Mother's Name :  **URA** Sex : **FEMALE** Day of Life : **3 days / 56 hrs** Gestation weeks : **38**  
 Baby's MR Number :  Birth Date/Time : **29/06/2011 7:32 AM** Birth Wt. : **2800** Today : **01/07/2011 3:22 PM** Maturity : **38W6d**

[INVESTIGATION REQUEST](#)
[MICROBIOLOGY REQ FORM](#)
[NEONATAL CARD](#)
[BIRTH CERTIFICATE](#)
[DISCHARGE CHECKLIST](#)
[PRESCRIPTION](#)
[DISCHARGE SUMMARY](#)
[DISCHARGE SUMMARY \\_ Well Baby](#)
[CONGRATULATIONS](#)
[BIRTH REPORT](#)
[NEONATAL DRUGS MASTER](#)


### CLOSE / REOPEN RECORD

IP Number	MR Number	Baby's Name	Close / Reopen Record
05/0445	24102	B/O MARIKA	<input checked="" type="checkbox"/>
05/073	24102	B/O RUPAL	<input checked="" type="checkbox"/>
05/0873	24102	B/O CHARANJEET KAUR	<input checked="" type="checkbox"/>
05/0889	24204	B/O BHAVIKA TISSA-A	<input checked="" type="checkbox"/>
05/0900	24204	B/O BHAVIKA TISSA-B	<input checked="" type="checkbox"/>
05/4000	24004	B/O KARTIK	<input checked="" type="checkbox"/>
05/4012	24007	B/O SIDDHANT	<input checked="" type="checkbox"/>
05/4023	24102	B/O CHANDANJEET (REDAUNT)	<input checked="" type="checkbox"/>
05/4029	24073	B/O Pooja Bhatt	<input checked="" type="checkbox"/>
05/4042	24007	B/O PANKAJ	<input checked="" type="checkbox"/>
05/4067	24004	B/O Sushmita Bhat	<input checked="" type="checkbox"/>
05/4088	24007	B/O Divyanshu	<input checked="" type="checkbox"/>
05/4124	24073	B/O NEENA	<input checked="" type="checkbox"/>
05/4138	25002	B/O ANSHU	<input checked="" type="checkbox"/>
05/4204	25204	B/O SURAN	<input checked="" type="checkbox"/>
05/4204	25002	B/O PRANAVJITHAN	<input checked="" type="checkbox"/>
05/4347		B/O GANJA BHARAL	<input checked="" type="checkbox"/>
05/4348	25002	B/O RITHI DEEPA CHANDLA	<input checked="" type="checkbox"/>
05/4432	25002	B/O RISHI ANITA	<input checked="" type="checkbox"/>
05/4434	24204	B/O RADHI BHADRA	<input checked="" type="checkbox"/>
05/4437	25002	B/O ANVITA BHADRA	<input checked="" type="checkbox"/>

<b>K [REDACTED] URA</b>	
MR Number :	[REDACTED] Date of Delivery : 29/06/2013
IP Number :	14/10246 Sex : FEMALE
Consultant :	ARUN PRASAD
Father's Name : [REDACTED] SAURIN	
Phone Numbers :	
	<b>NEONATAL CARD</b>
	

IP Number :	14/10246
MR Number :	5488
Gestation weeks :	38
Birth weight (grams) :	3600



Set: ARI/MB/BC/PA

July 01, 2013

### CERTIFICATE OF IN-HOSPITAL BIRTH

This is to certify as per the hospital records that **COMPLE GHATAURA** wife of **SUDHDEEP SINGH GHATAURA** resident of **49B SECTOR-65A PANDORULA** was admitted with us, delivered the FIRST time and gave birth to a **FEMALE** living child on **29/06/2013 7:30:00 AM**.

For Alchemist Hospitals Ltd.

**ARUN PRASAD**

Neonatal Name:

**Information:**

The Birth record will be notified to the Registrar of Birth and Death with "Form No 1" as per the provisions of "Registration of Birth and Death Act, 1969 (RD) Act, 1969 and Hospital Reporting of Birth and Death Rules, 2005 (RD) Rules, 2005 and also a medical team. You may collect the enclosed application form at MCOA Office, Sector 6, Pandorula for collecting the BIRTH CD-107C-02.

