

Patient Name	MPI	DISCHARGE SUMMARY	Gender	Blood Group	Age
B/O Pooja Dey	1000000102396096	29209	Male	A Positive	3D

Admission Date	Discharge Date	Admission Time	Discharge Time
23-05-2025	26-05-2025	02:43 pm	
Admission Purpose	Date of surgery	Admitting Physician	Hospital Days/Nights
New Born		Dr. Lalit Ramanlal Rawal	
Department	Ward	Room	Bed
Paediatrics & Neonatology	Third Floor	305	305 C1

Birth History:

Born at **S.B.Road - Pune**, On **23/05/2025 14:43:14PM**, Mother's Name :- **Pooja Dey**
Mother's Blood Group :- **A Positive** , Mode of Delivery :- **LSCS (i/v/o Non progress of labour)** , Gestational age :- **Full Term 37 Weeks, 6 Days, AGA** , APGAR Scores :- **8' 9' 10'** , Birth Weight :- **3.27 kg** , Discharge Weight :- **3.08 kg** Birth Length :- **49 cm** , Occipital-Frontal Circumference :- **33 cm** , Hearing Screen Conducted on :- **25/05/2025, Normal** , Phototherapy Not Given, Phototherapy Reason:- **TCB 12.6mg/dL** , New Born Screening Conducted on :- **26/05/2025** , Screening for Critical Cyanotic Congenital Heart Disease Conducted On:- **26/05/2025 Normal**

Course in Hospital:

Baby started on breast feed.

Mother confident in breast feed and well versed in baby care.

Inj. Vit K and Hepatitis B vaccination given after birth.

BCG and OPV given on 25/05/2025

Discharge Diagnosis:

FULL TERM 37+6 WEEKS/LSCS/MALE/BWT 3.27KG/AGA

Discharge Patient Advice:

Discharge medication- **Ultra D3[800IU/ML] drops 0.5 ml once a day till further orders**

Explained about physiological loss of weight and jaundice. If jaundice increases to be reviewed on 5th day otherwise on 10th day. In case baby is not feeding well, has not passed urine for 12 hrs, is dull or lethargic, is looking blue or otherwise severely unwell , go to the nearest hospital or call emergency number 9130014983. For OPD appointment call 020-66889904



Follow Up:

Follow up with Dr. Karan Kapari on 28/05/2025 at first floor OPD

Disclaimer: The discharge summary has been prepared as per the information given by the Consultant Incharge of the patient. Any discrepancies/inconsistencies to be addressed to the Consultant Incharge.

Disclaimer By Parents:

I acknowledge the receipt of the discharge letter as above & confirm the details of my baby's & wife's name, date of birth to be correct.

GRE Disclaimer: I have checked all the demographic details of the concerned patient and I confirmed they are correct.

Name *Gayendra*

Signature..... *[Signature]*

Registrar Disclaimer: I have checked all the medical details of the concerned patient and I confirmed they are correct.

Name *Dr. Ankita*

Signature..... *[Signature]*

Patient/Husband's Disclaimer: I have checked all the relevant details of the discharge summary including name, date of admission, DOB, date of discharge among other things and I agree that the details are correct including the tests conducted.

Name *Shyamal Mitra* Signature *[Signature]*

for Dr.

Dr. Karan Kapari
Consultant Paediatrician and Neonatologist

