

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174960 Admit Date : 10-Jun-2026 Admit Time : 10:01 AM UHID : BAH-00658245

Patient Details :

Patient Name : Baby Of DIVYA GUPTA Age : 0 Y 0 M 4 D
Guardian : Mr SAMVIT GUPTA DOB : 06-06-2026 06:59 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : # Jubilee Hills Hyderabad Telangana INDIA Phone No : 9963082938
500033 E-mail : nomailid@gmail.com

Admission Details :

Bed Type : SUPER DELUXE Bed No : SDLX 328 Ward Name : 3F-ZONE C
Room No : SDLX 328 Admission Type : First Visit

Contact Details :

Name : Mr SAMVIT GUPTA Relationship : Father
Contact Address : # Jubilee Hills Hyderabad Telangana INDIA Phone No : 9963082938
500033


Signature

Doctor Details :


Doctor Name : Dr. FAISAL B NAHDI Specialisation : GENERAL PEDIATRICS
Referral Doctor : Meena Ugale Phone No : 7305963266
Co-Consultant : Dr. ANNAPOORNA TADAVARTHY

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

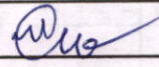
Name : **BAH-00658245** **IP5-00174960**
Baby Of DIVYA GUPTA
06-06-2026 **0 Y 0 M 4 D** (M)
Dr. FAISAL B NAHDI

UHID No.  Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	9.50 AM	BR	328	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Faisal B Nahdi

Date : 10/06/2026

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment: 10 am

Weight: 2.6 kg

Allergic History:

Chief Complaints:

Physiological Jaundice with TCBR - 15.9



admission for Double surface phototherapy

Pediatric Assessment Triangle

A Appearance - TICLS (N)

B Breathing

C Circulation

Normal

Abnormal

Pallor

Cyanosis

Mottling

Bleeding

↑ WOB

↓ WOB

Normal

Gasping / Apnea

Initial Physiological Status: Stable Unstable

Life Threatening

Non Life Threatening

Any urgent interventions needed: Yes No

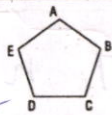
If Yes

Significant Past History: DOL - 4, on mother

Medication History:

Relevant Investigations:

Primary Assessment



Airway



- Open
- Maintainable
- Not Maintainable

Any urgent interventions needed: Yes No

If Yes

Breathing



Rate: 28 SpO₂ on FiO₂

Rhythm: reg

- Retractions: Suprasternal ICR SCR
- Sternal Supraclavicular Nasal Flaring


Respiratory Noises: Stridor Wheezing Grunting

Air Entry: BAT (+)


Palpation Findings (if necessary).....

Any urgent interventions needed: Yes No


If Yes

Circulation  HR: 120/min CFT Central Peripheral <2s Any urgent interventions needed: Yes No
 If Yes:

BP: mmHg Murmurs: Yes No
 Pulse Volume: Central Peripheral good Liver Span:
 If in Shock: Compensated Hypotensive ECG:
 Muffled Heart Sound: Yes No Any Signs of Heart Failure: Yes No
 Engorged Neck Veins: Yes No

Disability  GCS: AVPU: AVPU Any urgent interventions needed: Yes No
 If Yes:

Pupils: Responsive Non-Responsive
 Size: Right Left
 Active Seizures: Yes No Sugars:
 Signs of Neurological compromise:

Exposure  Temp.: 98°F Any urgent interventions needed: Yes No
 If Yes:

Any Rash: Yes No, If yes describe the rash:
 Active bleed: NO
 Lacerations Abrasions bruises
 Describe:

- Final Physiological Status:** Respiratory Distress Respiratory Failure Respiratory Arrest
 Shock - Compensated Hypotensive
 Cardiopulmonary Arrest Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:
SPR after 8 hours of starting DSPT

Treatment Planned:
→ DSPT now.
→ Temp monitoring

Need for Oxygen: Yes No if yes Low Flow High Flow PPV
 Final Diagnosis with possible Differential Diagnosis (If necessary): NNI

Assessment done by Dr. Akhile
 Name of the Doctor:
 Signature: Dr. Akhile
 Date & Time: 10/6/26

Sr. Doctor on Duty (If necessary)
 Name of the Sr. Doctor:
 Signature:
 Date & Time:



**Rainbow[®]
Children's
Hospital**
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name: _____

B/o Divya Gupta

UHID ID: _____

Department: _____

Consultant: _____

BAH-00658245 IP5-00174960
Baby Of DIVYA GUPTA (M)
06-06-2028 0 Y 0 M 4 D
Dr. FAISAL B NAHDI




Pediatric Multiorgan History & Physical Examination

Name : B/o Divya Gupta Age/Sex 4 days / M
Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

cpo yellowish discoloration
over body x 1d

History of present illness :

→ Late PT (36+4) / 2.628kg / NVD / CIAR /
TTNB / OB setup ✓

→ BW - 2.628kg
DWT - 2.419kg.
t.wt - 2.61kg.

→ feeds - DBF.

→ OAE ✓
red reflex ✓

TCBF on D4 - 15.9.

now admitted for NNT / DSPT.

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs) 2.61 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 138/min B.P. _____ SPO2 100%
Resp. rate and type of breathing : 36/min

Rash _____
Lymphadenopathy (-) icterus (+)
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : BAE (+)
Any addes sounds : clear
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : (A)
Any murmur : none
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : (A) cord healthy
Ausculation : _____
Spine : _____ External Genitelia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

cry / activity / tone. - good.

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____

Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

(N)

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

NNI for DSP T.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: kernicterus

Desired goals of the treatment: resolution

Planned Labs:

SBR after 8 hours of
starting DSPT

Planned Management

- ① DSPT with eyes &
genitalia covered
- ② DBF every 2-3h.
- ③ Monitor temperature

NLB pooja

Signature of the Doctor: Akhile

Name of the Doctor: Dr. Akhile

Date & Time: 10/6/26

Signature of the Consultant: Faisal B Nahdi

Name of the Consultant: Dr. Faisal B Nahdi

Date & Time: 10/6/26

DR. FAISAL B NAHDI
Registration No. 6628

12 Nov

BAH-00658245 IP5-00174960
 Baby Of DIVYA GUPTA
 06-06-2026 0 Y 0 M 4 D (M)
 Dr. FAISAL B NAHDI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	could i Amosely	⊖ Stated DSPT
	Physiolgnd tender	⊖ '7pm'
	Centy uul	<u>SBR Retic Count DCT</u>
	C/S/T/A Scan AF	(contn)
	<u>12-Nov</u> <u>(10/6)</u>	
	11/6/26 8 am	
	C/S/B - Recurrent	
	DGC / To late preterm NNJ	OB set up
	M/O A/B	<u>Plan</u>
	T. wgt. 2.43g	→ RIV - discharge
	B. wgt. 2.62g	
	W. wgt. 2.21g	
	DCT - Neg	
	SBR on DSA	
	T. CBR - DG - 15.9	
	↓ DSPT	
	SBR - 13.9 (8pm)	
	↓ SSPT	
	Baby euthermic hemodynamically stable	
	On DBM + EBm	

DR. FAISAL B NAHDI
 Registration No: 66228

PCur.

BAH-00655245 IP5-001/4900
 Baby Of DIVYA GUPTA
 06-06-2026 0Y0M4D (M)
 Dr. FAISAL B NAHDI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/06	Cervix 3cm dilated	
	F920 14-12-0	SBR
	Cervix 4cm	before mscgyl top
Cul	kitchen / at hospital	
(4/10)	kitchen / at hospital	
8.15am	kitchen / at hospital	
	0/5/5/1A for	Cul
		(4/10)
		DR. FAISAL B NAHDI Registration No. 66228

BAH-00658245 IP5-00174960
 Baby Of DIVYA GUPTA
 06-06-2026 0 Y 0 M 4 D (M)
 Dr. FAISAL B NAHDI



RESULT SHEET

Date	10/6/26				
Time	@ 7pm				
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj	13.9 ^{13.8} 0.1				
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

BAH-00658245 IP5-00174960
 Baby Of DIVYA GUPTA
 06-06-2026 0 Y 0 M 4 D (M)
 Dr. FAISAL B NAHDI



MEDICATION RECONCILIATION FORM

Drug Allergies:

Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER

Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Akhile Dr. Akhile

Date & Time: 10/6/26

Nurse Name & Signature: [Signature]

Date & Time: 10/6/26 10 AM



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Patient's / Learner Language: Telugu Patient / Learner Literacy: Read Write Speak Willingness to Learn: Yes No Healthcare Literacy: Yes No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
10/6/26	10:30AM	2	Infection control measures	M	4	0	1	1	-	Reneka

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)

Learning Barriers:

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

NEONATAL JAUNDICE

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
10/06/2026	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	PHOTOTHERAPY	H-STABLE	MONITOR VITALS	<i>[Signature]</i>	<input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:
10/06/26 10:35A	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	WNS	H-stability	PSPT	<i>[Signature]</i>	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:



DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY: Name Signature

BAH-00658245 IP5-00174960
 Baby Of DIVYA GUPTA
 06-06-2026 0 Y 0 M 4 D (M)
 Dr. FAISAL B NAHDI



Doc. No. : RCH / FRM / CLINICAL / 124

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

Pratiksha
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 06/06/26	Time:	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Temperature (F)		98.0F	97.9F	98.0F	97.8F	97.7F	98.7F
Heart Rate (bpm)		139b/m	141b/m	152b/m	139b/m	141b/m	119b/m
Blood Pressure (mmHg) *		120/70	120/70	120/70	120/70	120/70	120/70
Resp Rate (Number)		39b/m	40b/m	39b/m	36b/m	34b/m	34b/m
Resp Mod/ Severe Distress None / Mild		N	N	N	N	N	N
Receiving O ₂ (l/min)		0	0	0	0	0	0
O ₂ Saturations (%)		99%	99%	99%	98%	99%	98%
Conscious Level Normal / Altered		N	N	N	N	N	N
GCS *		15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE		0	0	0	1	1	1
Number of shaded boxes		0	0	0	1	1	1
Pain Score		0	0	0	0	0	0
Observer's Initials		A	A	A	A	A	A

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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)



FLUID CHART

Sheet No. : 10/6

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
10/6	08:00 am											
	09:00 am											
	10:00 am								✓	no		
	11:00 am						✓					
	12:00 pm	DBP										
	01:00 pm											
	Total Intake : Taken			Total Output : u-1 m-1								
10/6	02:00 pm											
	03:00 pm	EBM 35ml					✓					
	04:00 pm	EBM 30ml							✓	no		
	05:00 pm	EBM 30ml										
	06:00 pm	EBM 30ml							✓			
	07:00 pm											
Total Intake : Taken			Total Output : u-2 m-1									
	08:00 pm	EBM 30ml										
	09:00 pm								✓			
	10:00 pm	EBM 30ml					✓			NO		
	11:00 pm									IV		
	12:00 am	EBM 30ml							✓			
	01:00 am											
Total Intake : Taken			Total Output : m-1 u-2									
	02:00 am	EBM 30ml										
	03:00 am						✓			✓		
	04:00 am	EBM 30ml								NO		
	05:00 am									IV		
	06:00 am								✓			
	07:00 am						✓					
Total Intake : Taken			Total Output : m-2 u-2									
Total 24 hrs. Intake		Taken			Total 24 hrs. Output		m-5 u-7					

BAH-00658245 IP5-00174960
 Baby Of DIVYA GUPTA
 06-06-2026 0 Y 0 M 4 D (M)
 Dr. FAISAL B NAHDI



FLUID CHART

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--