



SURGERY DETAILS

Date : 10/06/26

Sl.No.

Patient Name : MAH-00342427 IP2-00056502 Mrs MAMATHA BEVARA Age : Sex : F

08-05-1991 35 Y 1 M 4 D (F)
Dr. LAKSHMI DEVI APPASANI

UHID No. : [Barcode] IP No. :

Date of Surgery : 10/06/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : Srd c-episiotomy ↓ EA

Baby τ mother

Time in : 12:30pm

Time Out : 1:30pm

NAME	AMOUNT
1. Surgeon : DR L.D	
2. Anaesthetist : Dr. Swathi	
3. Asst. Surgeon : Dr. Vasavi	
4. OT Technician : -	
5. Circulating Nurse : Anusha	
6. Asst. Nurse : Nalini	

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 944534/944533 Order by :

OPERATION NOTE

Order No. _____

Patient Name _____

UHID No. _____

Date of Surgery _____

Name of the Surgeon _____

Children's Hospital
for the Deaf

12345

OTS

Boy (M)

12345

12345

NAME

1. Surgeon: P. I. D.

2. Anesthetist: _____

3. Asst. Surgeon: _____

4. OT Technician: _____

5. Circulating Nurse: _____

6. Asst. Nurse: _____

Cystoscopy

Cystoscopy


Signature of the Surgeon _____

Signature of the Circulating Nurse _____

Order No. _____

ACTIVIT MAH-00342427 IP2-00056502
Mrs MAMATHA BEVARA
08-05-1991 35 Y 1 M 4 D (F)
Dr. LAKSHMI DEVI APPASANI

IG : 10/6/26

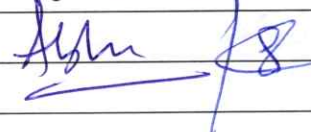
Name: ---  -----

UHID No : ----- Consultant : ----- Dept : -----

Date of Admission : 10/6/26 Time : ----- Date of Discharge : ----- Time : -----

Room / Bed No : ----- Ward : 4W Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	5 pm	4W	409	

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
10/6/26	Iv placement	①	944394	Tij
	Catheterization	①	944513	Kleef
10/6/26	PAC	①	944513	Kleef
10/6/26	SUD ✓ FA Done	①		Kleef
	Dr Lakshmi Devi	①	944534	Kleef
			944533	
Cross checkal By Anusha			10/06/26	
				@ 3pm
cross checked done			By Anusha	11/6/26 @
				8Am

ANY OTHER INFORMATION

Op files given to ~~patient~~ patient Attender

~~Tijasa~~

Date: 10/6/26

Time: 3pm

Prepared By: Tijasa

Staff Nurse <i>Abhinav</i>	Shift / Ward <i>Adw to 409 Sankhya</i>	Billing Assistant	Billing Supervisor
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Mrs Mammama



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Obstetric Formula: G2P1L1

Obstetric History:

G1-2021 SVD 9 336R DIVL
a LPP Spont. concep^m

Present Pregnancy Record:

Booked @ RCH @ 28 wk
Double marker - low risk

RISK FACTORS:

G. Hypothyroid on
02.5mm

Height: cm

Weight: 99.6 kg

Allergies:

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR: 70

BP: 124/76 DTR:

CVS: RS

Liver/Spleen: Urine Output:

LMP: 13/8/25

EDD:

Corrected EDD: 10/6/26

GA: 40wks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: 2/20/10'

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent 1/8

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: 3/4" Long Partially effaced Effaced

Os: Closed _____ Dilated 1F

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

DIAGNOSIS

G2P1L1 40wks / Hypothyroid for 10L



<p>Family History: Parents HTN Father DM.</p>	<p>Surgical History: Left leg Achilles Tendon Rupture (2012) 2024</p>
<p>Medical History: —</p>	<p>Medication History: —</p>
<p>Plan of Care: <u>Adv</u> Admission NST, CBP consent for Vg deliver Prepare parts NST hourly Next UIC @ 4 AM w/ spont. progress of labor</p>	<p>Investigations: O + ve HIV HbsAg HCV VDRL } NR 23/5 SLUG - 37+3 wH cephalic EFW = 3.078 kg, 46% AC = 53% AFI = 20.6 Placenta - Ant High Doppler @</p> <p style="text-align: right;">/h CAK (Appasani)</p>

Doctor Name: Dr. Sonali
Signature: [Signature]
Date & Time: 10/6/26

Consultant Name: Dr. Lakshmi Reddy
Signature: [Signature]
Date & Time: 10/6/26

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 08-05-1991
 Dr. LAKSHMI DEVI APPASANI

Mrs Mammatha



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	↓	Adv
5 AM	PR = 84	
	BP = 112/78	FHR Monitoring
	PIA = +7G	w/ progress of labor
	cephalic	
	FHR ⊕ 144	
	2/25/10'	↓
	PV = 2-3 cm	
	1/2" long	
	membr ⊕	
	station 1-2	
Noted by Piyasa 10/6/26		
10/6/26	6 AM	Adv
	PIA = +7G	7 Micro 2 sup PV
	cephalic	FHR Monitoring
	FHR ⊕ 148	w/ progress of labor
	2/25/10'	NS 7 2 hly
	PV = 2-3 cm	
	1/2" long	
	membr ⊕	
	station 1-2	↓
Noted by Piyasa 6 AM		

MAH-00342427 IP2-00056502

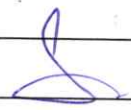
Mrs MAMATHA BEVARA

08-05-1991 35 Y 1 M 4 D (F)

Dr. LAKSHMI DEVI APPASANI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 8:50 AM	P/A - vt 79 Cephalic FHR ⊕ 2/20' / 10'	Adh Inj Torim 19ml Syntocin augment 100 Ball exercise
	Plv. 3cm dilata 40% effaced Am dm lig, clear station 1-2	NST 2hly w/ progress of labor Next VLE @ 12:45 PM
		
10/6/26 11:00 AM	Noted by Dr. Neelg 10/6/26 P/A - vitals - stable P/A - vt 100 cephalic FHR ⊕ 135/min 3cm dilata 10min VLE - 40% effaced as 3cm memb ⊕, clear liquor ⊕ Vp @ -2	

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Mrs MAMATHA BEVARA

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Dr. LAKSHMI DEVI APPASANI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 12:56pm	PT abd pressure sensation	
	PT - cle	
	vitals - stable	
	PTA - UTN cle	
	cephalic	
	NST - Reactive	FHR @ 140/min
		reflexes in
		cervix - fully effaced
		fully dilated
		Vx @ +2
		Adv
		- FHR monitoring
		- plan for delivery
		D.
	Noted by Dr. [Signature]	10/6/26

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 Dr. LAKSHMI DEVI APPASANI



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 1:30pm.	PND-0 P7ck ufois afebile	Adv - left diet - EBF
Baby ms BF ⊕	BP=120/78 PR=74 SpO2=	- monitor vitals - drugs as checked - w/ bleeding pl
	PLA-UTV NR NIE-NAB	- encourage to pass urine - Informees
		Dr.
	Noted by Sr Neel	10/6/26 1:30pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 4:30pm	<p><u>PND-O</u></p> <p>pt clc ac clear, afebrile RR = 12/72 mmHg PR = 84 bpm SIE - NAD P/A - ut w/r soft UE - NAR</p>	<p><u>Res</u></p> <p>+ (D) diet → follow drug chart → monitor vitals → w/ff bleeding pv → EBF → pad for observation → ambulation → adq. hydration → Inform SOS → Inform once she voids urine</p>
Shift to 0000	<p>Urine - passed @ 4:40 pm.</p>	<p>lg</p>
<p>Noted by SO - Abhinav</p>		
10/6/26 7pm	<p><u>Q: PND-O</u></p> <p>ac - fair afebrile PR = 71/ur BP = 117/78 mmHg P/A - uterus w/r soft UE - bleeding w/r ✓ M P</p>	<p>ac - (D) diet Adequate hydration EBF w/ff bleeding pv Monitor vitals follow drug chart orders. Ambulate Inform SOS</p>

Noted by Sankar 10/6/26 7pm



MEDICATION RECONCILIATION FORM

Drug Allergies: nil 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: 40 Shifted to: 409

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	<u>Thyronorm</u>	<u>62.5g</u>	<u>PO</u>	<u>OD</u>		<input type="checkbox"/> C <input checked="" 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

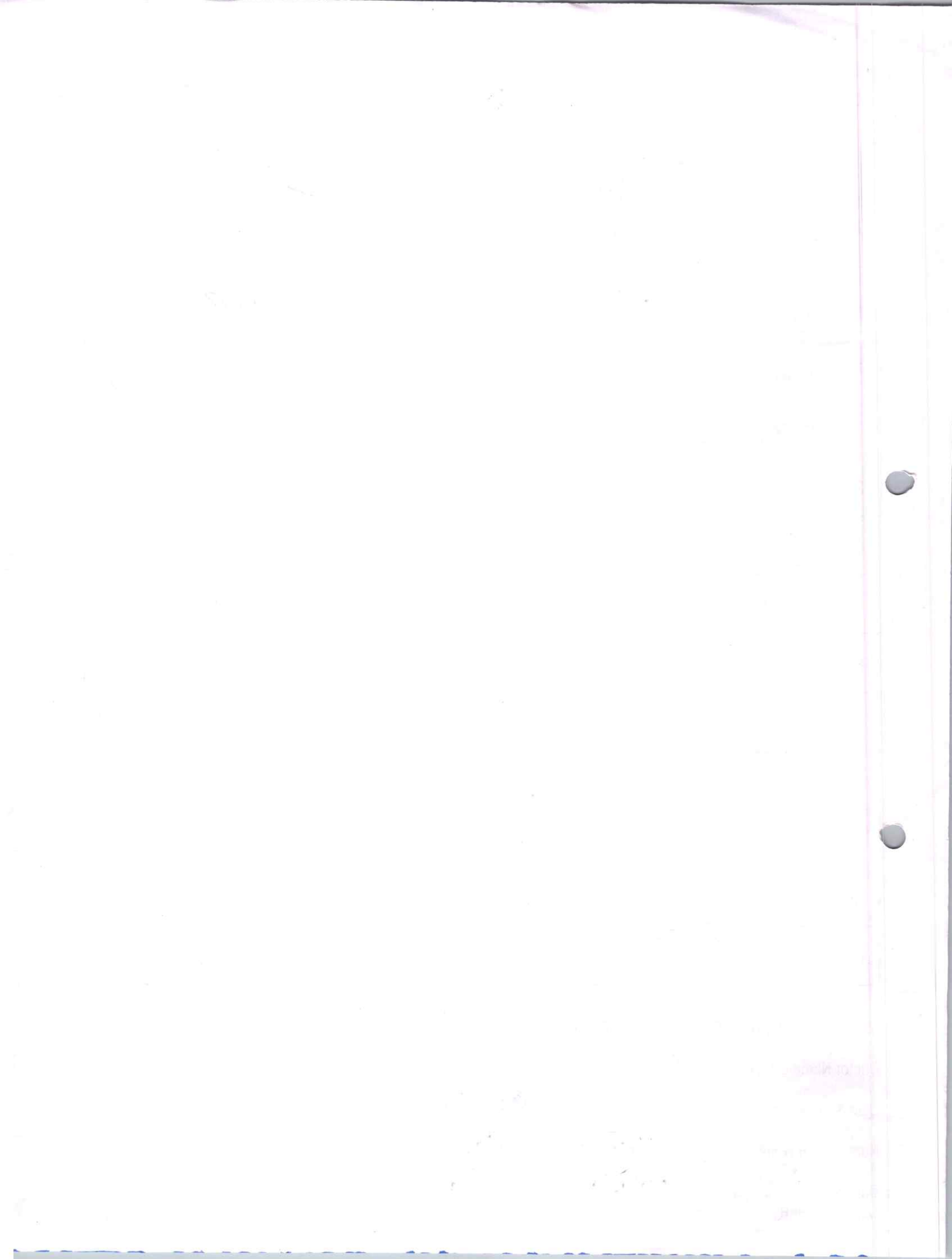
MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: D. Sankar

Date & Time: 10/6/20 @ 2pm

Nurse Name & Signature: Tygera

Date & Time: 10/6/20 @ 2pm





DRUG CHART

Date of Admission: 10/6/26 Drug Allergies: Nil 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



REGULAR PRESCRIPTIONS

Weight. 99.6 Ward. 4W

DRUG : T. TAXIM-O

Dose	Route	Frequency	Start Date	Date Time
200mg	PO	BD	10/6	10/6 11/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 8 PM 219
Laxmi

Daily Doctor's Endorsement by a Sign

DRUG : T. Pantop

Dose	Route	Frequency	Start Date	Date Time
40mg	PO	OD	10/6	11/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 6 AM 219
Laxmi

Daily Doctor's Endorsement by a Sign

DRUG : T. CALPOL

Dose	Route	Frequency	Start Date	Date Time
1gm	PO	TID	10/6	10/6 11/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 8 PM 219
Laxmi

Daily Doctor's Endorsement by a Sign

DRUG : T. VOVERAN

Dose	Route	Frequency	Start Date	Date Time
50mg	PO	TID	10/6	10/6 11/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 11 PM 219
Laxmi

Daily Doctor's Endorsement by a Sign

Patient Name :		I.P. No.	Sheet No. ①	Wards YCW	Weight (kg) 99.6
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REGULAR PRESCRIPTIONS

DRUG : zyp. sephalae				Date Time															
Dose	Route	Frequency	Start Dt.																
15ml	PO	HS	10/6																
Name & Signature of the Doctor starting the Drugs:				Dr. Lakshmi Devi Appasani															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : betadine lotion				Date Time															
Dose	Route	Frequency	Start Dt.																
-	UA	TID	10/6																
Name & Signature of the Doctor starting the Drugs:				Dr. Lakshmi Devi Appasani															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. Thyronorm				Date Time															
Dose	Route	Frequency	Start Dt.																
25mg	PO	OD	10/6																
Name & Signature of the Doctor starting the Drugs:				Dr. Lakshmi Devi Appasani															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

Patient Name :		I.P. No.	Sheet No. 2	Wards <i>yw</i>	Weight (kg) <i>9.6</i>
----------------	---	----------	---	-----------------	------------------------

REGULAR PRESCRIPTIONS

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			



Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
DRUG :		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date	Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
VARIABLE DOSE		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date	Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/26	6 AM	T. Mis o	25mg	PV	[Signature]	[Signature]
10/6/26	10:45 AM	1mg Taxim	1gm	IV	[Signature]	[Signature]
10/6/26	11:00 AM	Zyj. Doxistin	80mg	IV	[Signature]	[Signature]
10/6/26	11:10 AM	Zyj. Epidesine	8mg	IV	[Signature]	[Signature]
10/6/26	1:30 PM	T. miso	400mg	PIR	[Signature]	[Signature]
10/6/26	1:30 PM	sup. Justin	100mg	PIR	[Signature]	[Signature]
10/6/26	1:50 PM	Zyj. Tranexa	1gm	IV	[Signature]	[Signature]



I.V. FLUIDS CHART

Weight. 79.6 kg Ward. 4W

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/6/26	6 AM	10 RL	IV	FF	San	[Signature]	10/6	[Signature]	[Signature]
10/6/26	8:30 AM	10 RL	IV	100ml/hy	San	[Signature]	10/6	[Signature]	[Signature]
10/6/26	10:00 AM	1mg Syntocinon 10 C 10 RL	IV	6ml/hy	[Signature]	[Signature]	10/6	[Signature]	[Signature]
10/6/26	11:00 AM	10 RL	IV	100ml/hy	[Signature]	[Signature]	10/6	[Signature]	[Signature]
10/6/26	12:00 PM	10 RL	IV	100ml/hy	[Signature]	[Signature]	10/6 20	[Signature]	[Signature]

Signature

VERIFIED BY : Name

MAH-00342427 IP2-00056502
Mrs MAMATHA BEVARA
08-05-1991 35 Y 1 M 4 D (F)
Dr. LAKSHMI DEVI APPASANI



1

RESULT SHEET



Date	10/6/26				
Time					
Hb	9.8				
PCV	30.0				
RBC	3.53				
WBC	8.49				
N/L					
Platelets	229				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
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					

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Blood grouping	O ⁺	ve	Blood Available in Ayush			
HIV	}	Non	Reactive			
HEV						
Hb SAg						
VDRIS						

Culture and Sensitivities :

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Radiology: USG :

X-Ray:.....

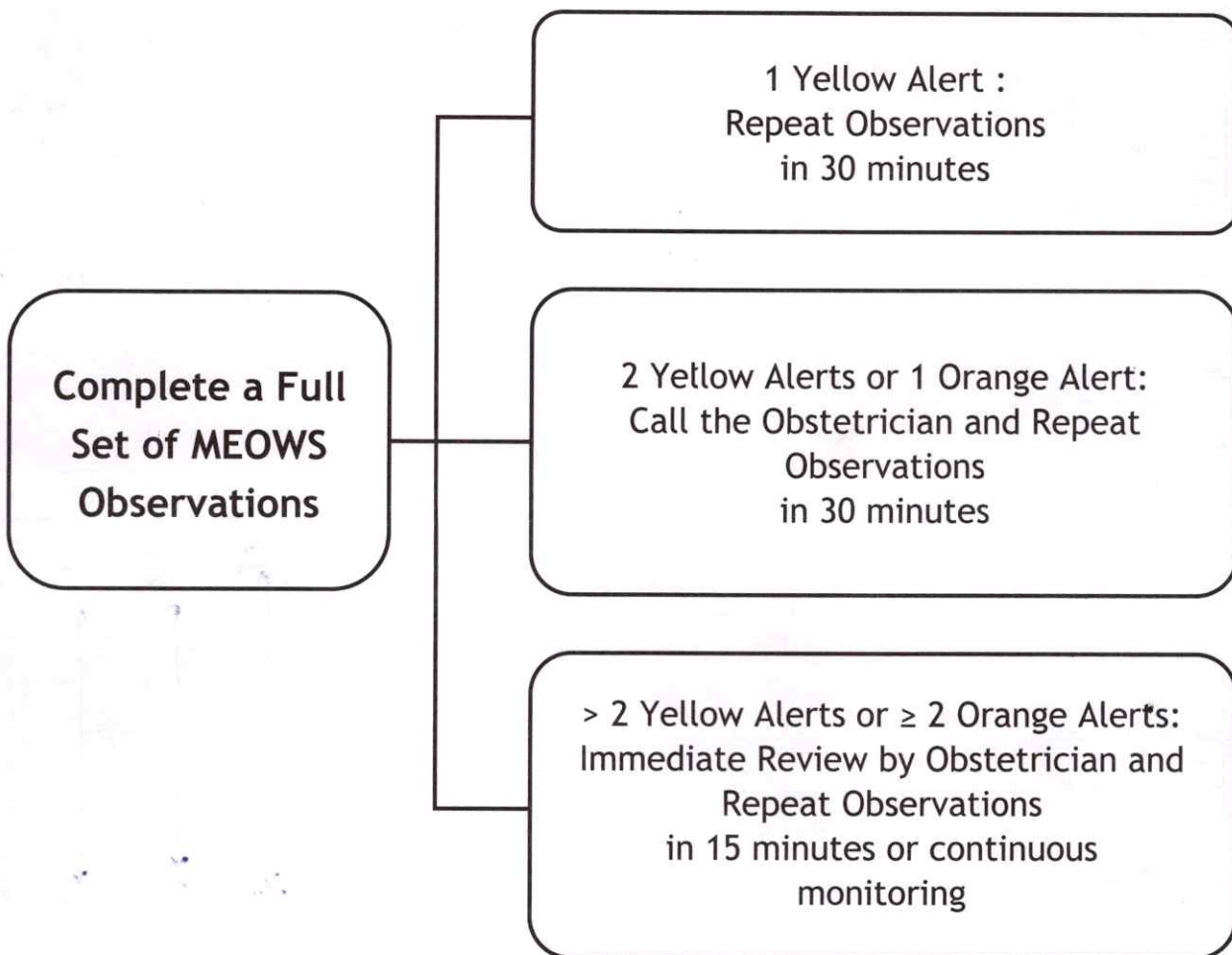
ECHO:

CT:

MRI

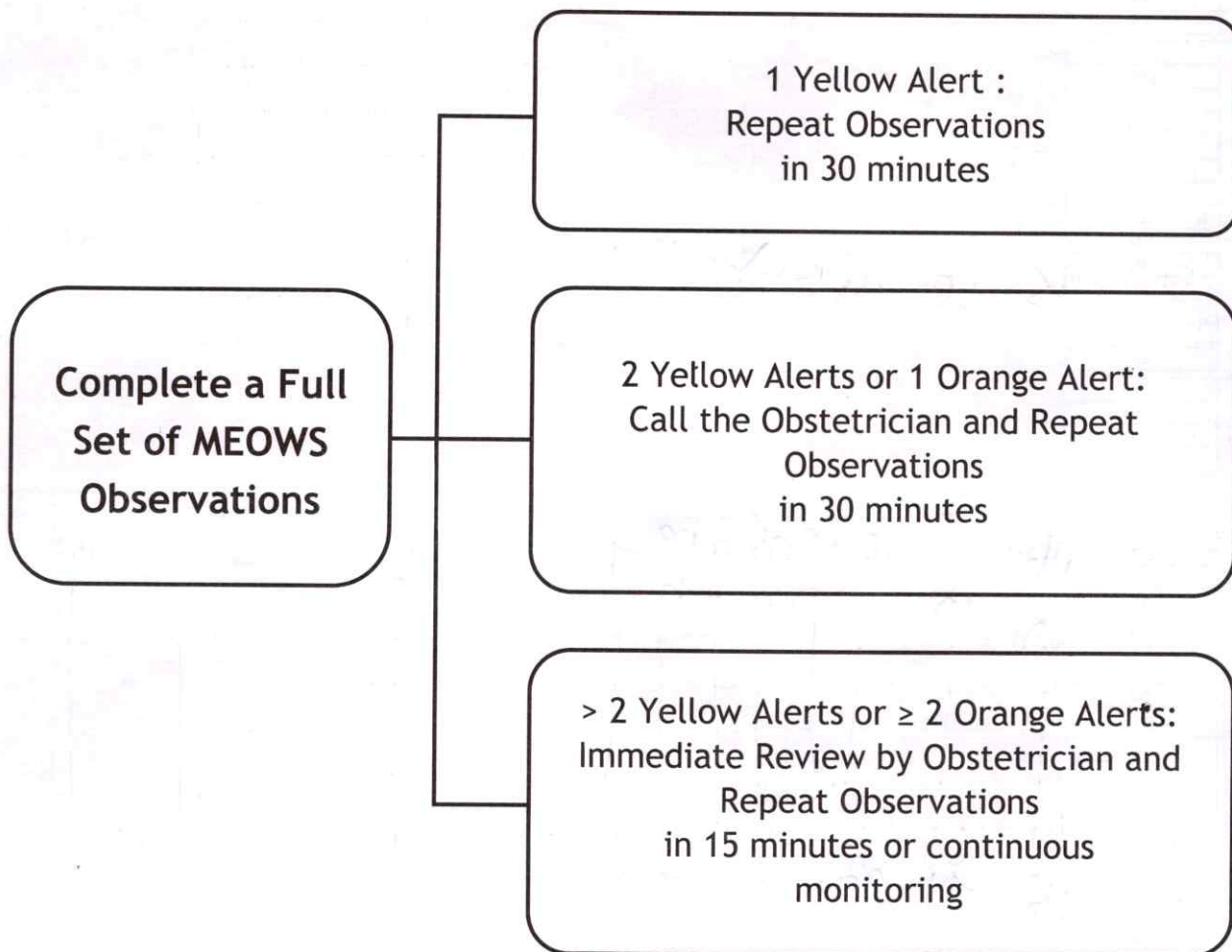
Others (ECG, Contrast Studies etc.):

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

MAH-00342427 IP2-00056502
 Mrs MAMATHA BEVARA
 08-05-1991 35 Y 1 M 4 D (F)
 Dr. LAKSHMI DEVI APPASANI

Pa



FLUID CHART

Sheet No. : 1

10/6/26

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 Thrombophlebitis 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 900ml

Total 24 hrs. Output U-3 M-0



10/6/26

FLUID CHART

Sheet No. : ②

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	Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am	H ₂ O	200ml	PC						✓			
	09:00 am	Coconut	200ml	PC						✓			
	10:00 am	H ₂ O	200ml	PC						✓			
	11:00 am	H ₂ O	200ml	PC						✓			
	12:00 pm	Soup	200ml	PC						200ml			
	01:00 pm	H ₂ O	200ml	PC						200ml			
Total Intake : 3000ml						Total Output : U-400ml S-1 U-0							
	02:00 pm	Sickle	200ml							200ml	0		
	03:00 pm	H ₂ O	200ml							100ml	0		
	04:00 pm		H ₂ O 200ml							✓			
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake : 2000ml						Total Output : U-1 M-2							
	08:00 pm												
	09:00 pm		Rice										
	10:00 pm		dal							✓			
	11:00 pm		chapati							✓			
	12:00 am		H ₂ O							✓			
	01:00 am												
Total Intake : Rice dal, chapati, H ₂ O						Total Output : U-2 M-2							
	02:00 am												
	03:00 am		H ₂ O										
	04:00 am									✓			
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake : H ₂ O, Rice dal, Chapati						Total Output : U-2 M-2							
Total 24 hrs. Intake						Total 24 hrs. Output							
H ₂ O, 3600ml						U-4 M-2							

MAH-00342427 IP2-00056502
 Mrs MAMATHA BEVARA
 08-05-1991 35 Y 1 M 4 D (F)
 Dr. LAKSHMI DEVI APPASANI



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.

		Intake				Output						IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	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	
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Total 24 hrs. Output	
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MAH-00342427 IP2-00056502
 Mrs MAMATHA BEVARA 35 Y 1 M 4 D (F)
 06-05-1991
 Dr. LAKSHMI DEVI APPASANI



FLUID CHART

Sheet No. :

- All measurements in ml.
- 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 Thrombophlebitis 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	
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Total 24 hrs. Output	
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