



# SURGERY DETAILS

Sl.No.

Date : 13/6/26

Patient Name : MAH-00387510 IP2-00056545 Mrs ANKITA DHIR SAMANTA Age : Sex :  
09-08-1996 29 Y 10 M 4 D (F)  
Dr. VARALAKSHMI NANDYALA

UHID No. : IP No. :

Date of Surgery : 13/6/26 OT :  OT 1  OT 2  OT 3

Name of the Surgery : SVD V LA done  
Baby - Mother side

Time in : 7 AM

Time Out : 8 AM

NAME	AMOUNT
1. Surgeon : Dr. varalakshmi	
2. Anaesthetist : -	
3. Asst. Surgeon : Dr. Vasavi	
4. OT Technician : -	
5. Circulating Nurse : sis - Nirmala	
6. Asst. Nurse : sis - Abhirami	

Special Equipment :  Laproscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 945571/945572 Order by :

OPERATION SHEET

Order No. \_\_\_\_\_

Unit No. \_\_\_\_\_

Patient Name \_\_\_\_\_

Sex \_\_\_\_\_

Age \_\_\_\_\_

Room No. \_\_\_\_\_

Operation Date \_\_\_\_\_

Operation Time \_\_\_\_\_

Operation Room \_\_\_\_\_

Operation Name \_\_\_\_\_

Operation No. \_\_\_\_\_

Operation Start Time \_\_\_\_\_

Operation End Time \_\_\_\_\_

NAME	POSITION
_____	1. Surgeon
_____	2. Anesthetist
_____	3. Asst. Surgeon
_____	4. OT Technician
_____	5. Circulating Nurse
_____	6. Asst. Nurse

Special Infill:  Endoscopy  Hemorrhoid  Mole  3-4MM  Cystoscopy

Signature of the Surgeon: \_\_\_\_\_

Signature of the Circulating Nurse: \_\_\_\_\_

Order No. \_\_\_\_\_

1 13/6/26

**ACTIVITY RECORD FOR BILLING**

Name: -----  
 UHID No: ----- IP No: ----- Dept: -----  
 Date of Admission: ----- of Discharge: ----- Time: -----  
 Room / Bed No: ----- ward: ----- ested Billable bed type: -----

MAH-00387510 IP2-00056545  
 Mrs ANKITA DHIR SAMANTA  
 09-08-1996 29 Y 10 M 4 D (F)  
 Dr. VARALAKSHMI NANDYALA



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
13/6/26	10:30 AM	L10	404	<i>[Signature]</i>

**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
13/6/26	IV Placement	①	945544	
13/6/26	SVD ↓ LA			Clemson
	Done by		945532	
13/6/26	Dr. Vaalalakshmi		945531	
<del>_____</del>				
<p>OPN checked by Clemson 13/6/26                      Review daily minimum 13/6/26 10:50 AM</p>				
13/06/26	N.H.A		945730	
<del>_____</del>				
<p>OPN checked by [unclear] 14/06/26</p>				

**ANY OTHER INFORMATION**

OP file given to patient attended  
 ↓

Date: 13/6/26

Time: 10:30 AM

Prepared By:

[Signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[Signature]	L10 to W04		

Dr. Ankitha



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

M clo leaking plv

Obstetric Formula: since morning  
Preni.

## Obstetric History:

G1-P0-sp. conception  
- Booked at 20wks

## Present Pregnancy Record:

- previous ANE at Jaipur.  
NT  
TIFFA 3 @.

## RISK FACTORS:

gestational hypothyroid  
on 37.5mg on  
- 26/5 -> AC 4.1.

Height: ..... cm

Weight: 8.3 kg

Allergies: .....

Breast:  Normal  Abnormal

## General Examination:

Consciousness:

Pallor:

Icterus:

Edema:

Temp:

PR: 98/min

BP: 140/90 -> T.

DTR: Labelated womb Postat  
RS

CVS:

Liver/Spleen:

Urine Output:

LMP: 24/9/25

EDD:

Corrected EDD: 21/12/26

GA: 37wks

Menstrual History: Regular:  Yes  No

## Obstetric Examination

Fundal Height: ~ 36wks 2d week coming

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others \_\_\_\_\_

Head Fifths Palpable: 4/6th

FHS: 150/min  Normal  Tachy  Brady  Absent

## Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated 2cm

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

## DIAGNOSIS

Preni with 37wksGA (10AR) PROM for augmentation of labour.



<p>Family History:</p> <p>F - parkinson's, HTN,        M - HTN, DM2+</p>	<p>Surgical History:</p> <p>2021 - Dental sp</p>
<p>Medical History:</p> <p>-</p>	<p>Medication History:</p> <p>T. thyronorm 37.5mg        OD</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admit</li> <li>- consent</li> <li>- parts preparation</li> <li>- CBP</li> <li>- NST 2nd haly</li> <li>- Ij - TAXIM 1gm w stat</li> <li>- wlt PDL</li> <li>- Next VIT at 8AM</li> <li>- Ball exercise</li> <li>- Informers</li> </ul>	<p>Investigations:</p> <p>O+ve        HIV        WBSAG / NR        HCV / NR        VDR</p> <p>20/5        =        Cephalic 34<sup>3</sup> wks.        Ewt 991gms, 7%        AC - &lt; 1%        AFI - 15.6 LWS        PI - P. Lt,        UAD - (N)        10/6 - AFI - 15.81 UAD - (N)        MCA (N)</p>

Doctor Name: ..... Dr. Varalakshmi  
 Signature: .....  
 Date & Time: ..... 13/6/26

Consultant Name: ..... Dr. Varalakshmi  
 Signature: .....  
 Date & Time: ..... 13/6/26



①

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26		
7:20 AM	PT - CB pressure sensation	
	PT - de	
	cephalic	
	BP = 150/90 mmHg	
	PR - 98/min	
	SpO <sub>2</sub> - 98.1 @ RA	
	PIA - VIVU	
	cephalic	
	FHR @ 150/min NST - Reactive	
	SCF 30 sec / 10 min	
	VLE - cervix effaced	
	2/3 fully dilated	
	Vp @ +1	
		Adv.
		- plan for delivery
		- FHR monitoring
		- [Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 8:15 AM	PND-0 PFele	Adv
	cupais	- kept diet
	ajebuite	- EBF
Baby Ms BFE	BP - 130/80 mmHg	- monitor vitals
	PR - 90/min	- drugs as checked
	PIA - ut well	- monitor vitals
	VLE - lunda	- anal wely
	kept insitue	B-P monitoring
	↓	- Inform
	To be removed after 2 hrs	Dr
<del>Noted by Sr</del>	<del>Neel</del>	<del>(Dr. Vaantili)</del>
13/6/26 9:45 AM	O-PND PR = 92 BP = 130/86 PIA = ut well contracted PIV = No active bleeding	Adv 8:25 AM ① diet Vitals Monitoring EBF w/bleeding to pv inform BPMonitoring 2 hrs ill 11pm Srs
Baby C mother	Lunda Removed	SHIF 70 ROOM

Noted by Sr Neel 13/6/26 9:45 AM




## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/06/26	PND-0	
2pm	pt clele	Rx 0
	at chair, apabile	+ (D) diet
	BP- 120/70 mmHg	→ follow drug chart
	PR- 85 bpm	→ monitor vitals
baby - MS (A) + 1 BF (P)	SIE - NAD	→ w/f bleeding PV
	Pld - ut n NR	→ Ambulate
U-P	soft	→ oral hydration
	UE - NAR	→ EBF
		→ BP monitoring 2nd half
		→ Inform tox
		Rf
13/6/26	PND-0	Adv - Monitor
7PM	Pt stable	vitals
	BP- 120/78	- (D) diet
	PR- 76 bpm	- EBF
baby - MS	PA - ut well (D) & (P)	- Ambulate
	UE - min PV bleed	- Drugs as
U-P		charted
MX		- w/f
		excess PV bleed
		- Inform tox
		noted by Raj 13/06/26

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 8:15 am	PND-1 At stable	
	BP- 112/78 PR- 86b/min	
Baby mg	PA- wt well @ & P HE- min PV bleed	
Vt M	Adv - Monitor vitals = (N) diet	
	- EBF	
	- Drugs as charted	
	- w/ excess PV bleed	
	- Infusions	
		
	noted by Raj	14/6/26 E.K.P.

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① 13/6/26

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## MEDICATION RECONCILIATION FORM

Drug Allergies: N/A  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: LW Shifted to: Ward 4th floor

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	T. Thyronorm	37.5mcg	PO	OD		<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: Dr. Varani, Dr.

Date & Time: 13/6/26 @ 4:30 Am

Nurse Name & Signature: Abheemi

Date & Time: 13/6/26 @ 4:30 Am

Docu. No. : RCH / FRM / GENERAL / 090

Handwritten notes at the top of the page, including a date and some illegible text.

A large table with multiple columns and rows, containing handwritten data. The table is mostly blank with some faint lines and illegible text.

Handwritten notes at the bottom of the page, including a date and some illegible text.





REGULAR PRESCRIPTIONS

Weight 83 Ward h/w

DRUG: T. TAXIM-O				Date Time
Dose	Route	Frequency	Start Date	
200mg	PO	BD	13/6	9 AM 13/6 14/06 Replaxperi preat
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: T. PANTOP				Date Time
Dose	Route	Frequency	Start Date	
100mg	PO	OD	13/6	6 AM 13/06 Chand Poonam
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: T. CALPOL				Date Time
Dose	Route	Frequency	Start Date	
1gm	PO	TID	13/6	8 AM 13/6 14/6 Chand Poonam
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: T. VOUERON				Date Time
Dose	Route	Frequency	Start Date	
500mg	PO	TID	13/6	7 AM 13/6 14/6 Chand Poonam
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



Patient Name :

I.P. No.

Sheet No. **①**

Wards **WCO**

Weight (kg) **23**

**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> oint > Betadine				Date															
				Time	13/6														
Dose	Route	Frequency	Start Dt.																
	1/4	7/10	13/6																
Name & Signature of the Doctor starting the Drugs:				} SBI															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b> Symp Duphalac				Date															
				Time	13/6														
Dose	Route	Frequency	Start Dt.																
10ml	PO	4/6	13/6																
Name & Signature of the Doctor starting the Drugs:				} Chand / 10/07/2016															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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

<b>DRUG :</b>				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. <span style="font-size: 2em; color: blue;">17</span>	Wards <span style="font-size: 2em; color: blue;">h/w</span>	Weight (kg) <span style="font-size: 2em; color: blue;">83</span>
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**REGULAR PRESCRIPTIONS**

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

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

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

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



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/6/26	5: AM	Inj. TAXIM	1gm	IV	k	Abhi
13/6/26	4:30 AM	T. labetalol	100mg	PO	k	Abhi
13/6/26	8:15 AM	T. nuro	400mg	PIR	k	Abhi
13/6/26	8:15 AM	sup. Sustin	100mg	PIR	E	Abhi
13/6/26	7:45 AM	Inj. Pcm	1gm	IV	E	Abhi

Signature

VERIFIED BY : NAME



I.V. FLUIDS CHART

Weight. 83 Ward. 100

VERIFIED BY: Name ..... Signature .....

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
13/6 26	4:30 Am	10 RL	IV	150ml hr.	↙	Abhi A	13/6 26	↙	Abhi A
13/6 26	4:30 Am	10 RL + Inj. Synto	IV	6ml hr	↙	Abhi A	13/6 26	↙	Abhi A
13/6 26	6:40 Am	10 RL	IV	FF	↙	Abhi A	13/6 26	↙	Abhi A

Repeat Sticker  
Ankita

## NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 13/6/26 Time: 10am

Origin: India Height: - Weight: - BMI: -

Food Allergies: NO allergies

Diagnosis: N/D

Medical History: on HTN

Surgical History: NO

Vegetarian

Non-Vegetarian

Vegan

Diet Advised: Normal diet

Patient's / Attendant's

Signature: Shishir K. Singhal

Name: SHISHIR KUMAR SINGHAL

Date & Time: .....

Dietician's

Signature: [Signature]

Name: Laxmi

Date & Time: 13/6/26, 11am



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13/06/26

# RESULT SHEET

Rainbow<sup>®</sup>  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight<sup>™</sup>  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Date	13/06/26					
Time	4:51 AM					
Hb	13.1					
PCV	39.0					
RBC	4.33					
WBC	12.00					
N/L						
Platelets	101					
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 Group:- O <sup>+</sup> ve						
HIV						
HCV						
HbsAg						
VDRL						

HIV  
 HCV  
 HbsAg  
 VDRL

}

N/R

Culture and Sensitivities : .....

.....

.....

.....

Radiology:      USG : .....

                    X-Ray:.....

                    ECHO: .....

                    CT: .....

                    MRI .....

                    Others (ECG, Contrast Studies etc..) : .....

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1  
 13/6/26

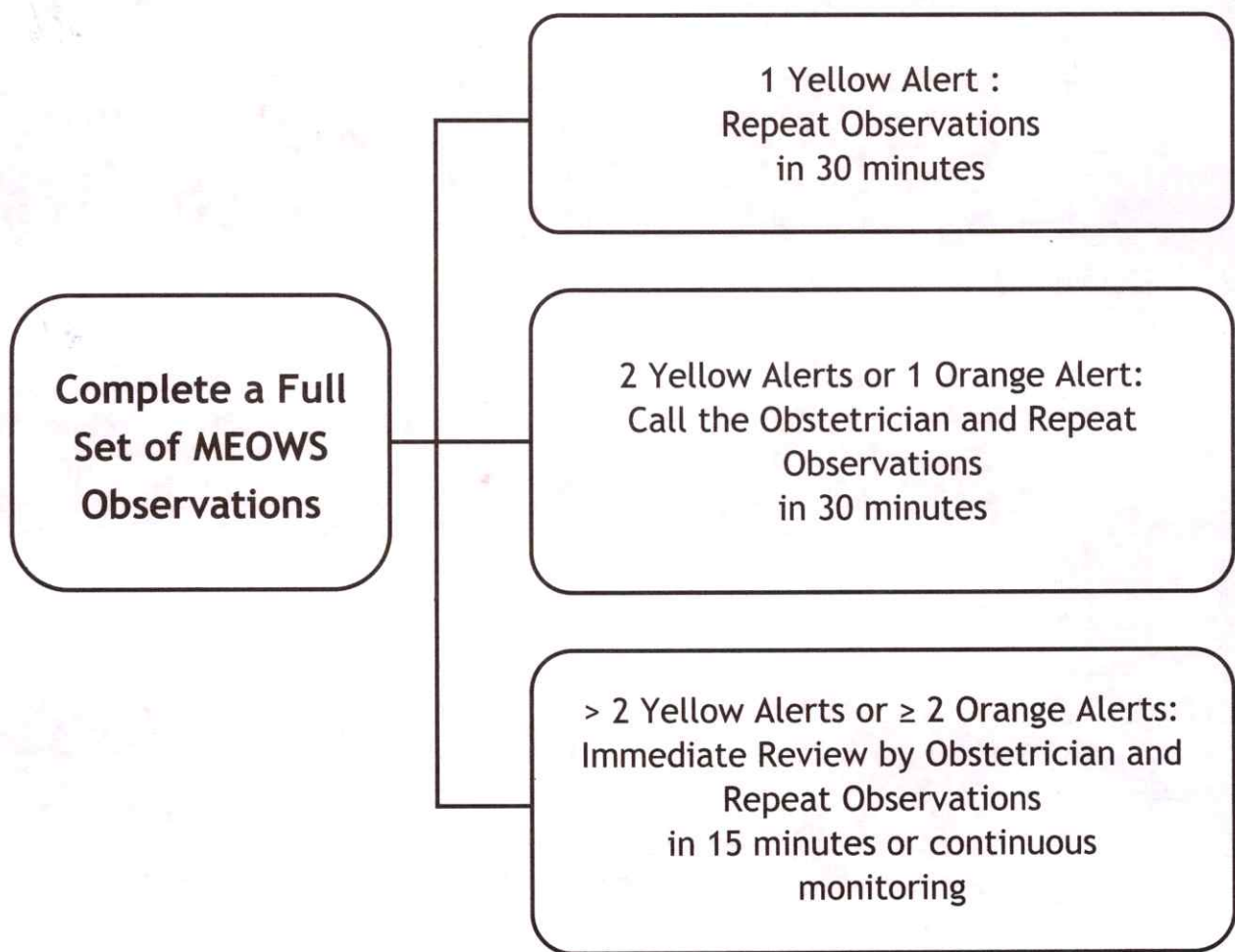


## Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date																									
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
Systolic Blood Pressure ↑	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
Diastolic Blood Pressure ↓	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert																									
Voice																											
Pain																											
Unresponsive																											
URINE mls / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES		00																									
TOTAL ORANGE SCORES		00																									
Nurse Initial		A A																									

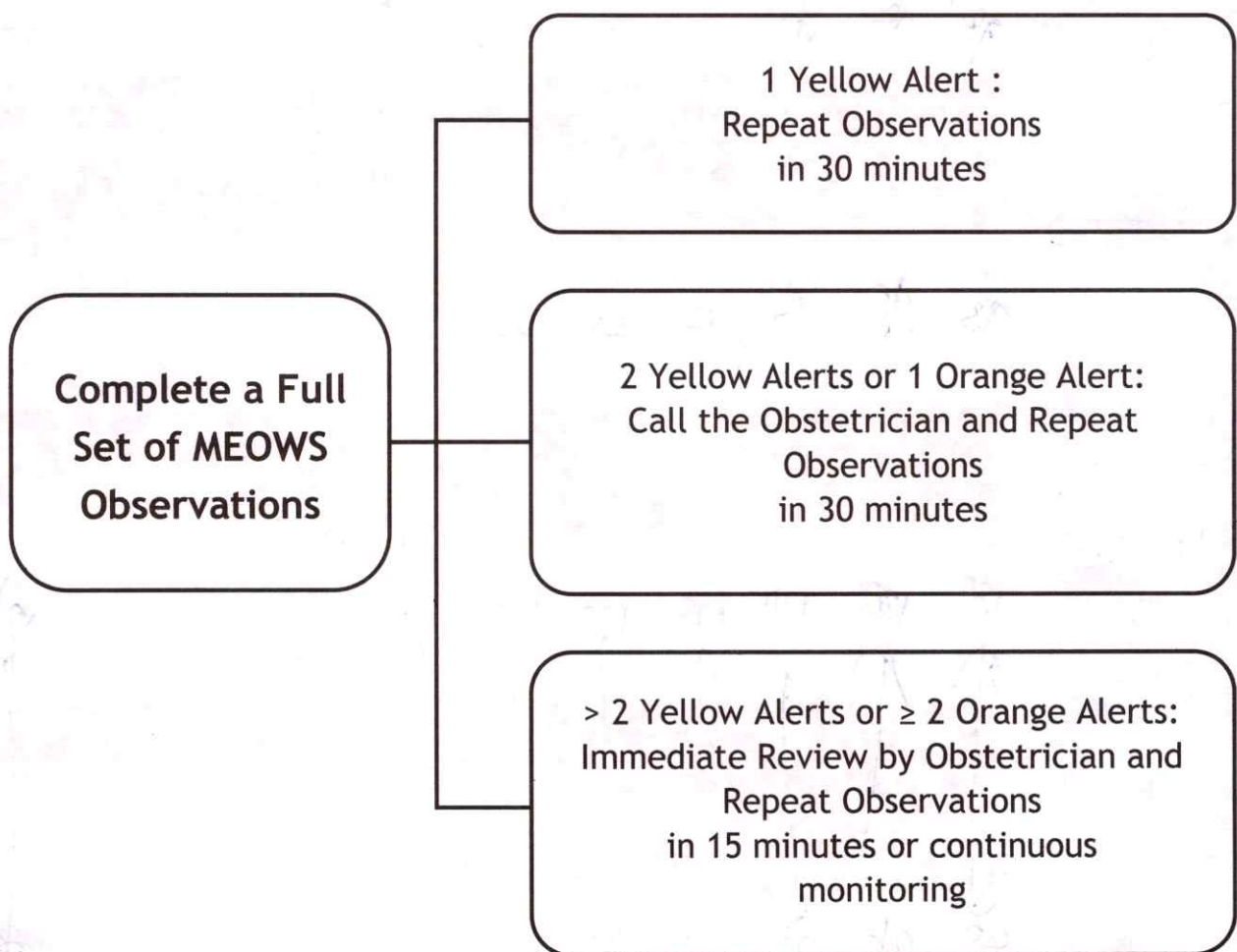
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)





13/6/20

**FLUID CHART**

Sheet No. : 2

- 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	Daly + H <sub>2</sub> O									0	[Signature]	
	09:00 am		200ml							✓	0		
	10:00 am									0			
	11:00 am									0			
	12:00 pm	Saap								0			
	01:00 pm	200ml								0			
<b>Total Intake :</b>			Saap + Daly			<b>Total Output :</b>						0-1 H <sub>2</sub> O	
	02:00 pm										0	[Signature]	
	03:00 pm	Rice								0			
	04:00 pm	Dal.								0			
	05:00 pm	+								0			
	06:00 pm	H <sub>2</sub> O								0			
	07:00 pm									0			
<b>Total Intake :</b>			Rice + Dal + H <sub>2</sub> O			<b>Total Output :</b>						0-0 H <sub>2</sub> O	
	08:00 pm										0	[Signature]	
	09:00 pm	Rice								0			
	10:00 pm	Chapati								0			
	11:00 pm	H <sub>2</sub> O								0			
	12:00 am									0			
	01:00 am									0			
<b>Total Intake :</b>			Rice + Chapati + H <sub>2</sub> O			<b>Total Output :</b>						0-1 ml	
	02:00 am										0	[Signature]	
	03:00 am	H <sub>2</sub> O								0			
	04:00 am									0			
	05:00 am									0			
	06:00 am									0			
	07:00 am									0			
<b>Total Intake :</b>			H <sub>2</sub> O			<b>Total Output :</b>						0-1 ml-0	
<b>Total 24 hrs. Intake</b>		Daly + Rice + Dal + Chapati + H <sub>2</sub> O				<b>Total 24 hrs. Output</b>		0-4 ml-0					