ACTI[...] ...ING

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. KODICHERLA VISHNU VARDHAN

Name: --

UHID N ------------ Consultant : ------------------------ Dept : ---------------

Date of Admission : 10/6/26 Time : 2:25pm Date of Discharge : ---------------- Time: ----------

Room / Bed No : 228-1 Ward : MICU Suggested Billable bed type : -----------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	7:40PM	MICU	Room (205)	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
10/6/26	Blood Grouping	V126019911	[signature]
10/6/26	ABG	V126019933	[signature]
10/6/26	GRBS :- 59 mg/dl 3:20pm	V126019934	[signature]

Case seen & checked by [illegible] 10/6/26 at : 7:56 pm

Date	Investigations	Order No.	Sign
10/6/26	GRBS 9:30PM - 71mg/dl	26619920	[signature]
11/6/26	GRBS 5Am - 64mg/dl	2661997[illegible]	[signature]
11/6/26	GRBS @10:45Am - 66mg/dl	26020055	
11/6/26.	GRBS@ 5pm - 66mg/dl	26020058	[signature]
	USG Abdomen & KUB	R26-009377	
11/6/26	GRBS@ 11pm 48mg/dl	26020093	S
12/6/26	GRBS@ 1AM - 90mg/dl	26020094	[signature]
12/6/26	GRBS@ 7AM - 74mg/dl	26020095	[signature]
12/6/26	GRBS - 2:30pm - 86mg/dl	26020184	
	SBR	26020177	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
11/6/26	PEOAE	1	3089292	[signature]

ANY OTHER INFORMATION

Date : 12/6/26 Time : 3pm Prepared By : Panisha

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shesheel	[signature] 12/6/26 3pm		

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Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060302 **Admit Date** : 10-Jun-2026 **Admit Time** : 02:55 PM **UHID** : VIH-00205791

Patient Details :

Patient Name	: Baby B/O E ARISHA	**Age**	: 0 D
Guardian	: Mr C RAJENDRA	**DOB**	: 10-06-2026 01:54 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO:8-6-129, GANGA PUTRA HASMETHPET OLD BOWENPALLY SEC-BAD Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 8801838613/ 9701033692
		E-mail	: HARISHA.SIRI16@GMAIL.COM

Admission Details :

Bed Type	: BASINET	**Bed No**	: CRDL-MICU-228-1	**Ward Name**	: N 2F-MICU
Room No	: CRDL-MICU-228-1	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr C RAJENDRA	**Relationship**	: Father
Contact Address	: H.NO:8-6-129, GANGA PUTRA HASMETHPET OLD BOWENPALLY SEC-BAD Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 8801838613 / 9701033692

Signature

Doctor Details :

Doctor Name	: Dr. KODICHERLA VISHNU VARDHAN REDDY	**Specialisation**	: NEONATOLOGY
Referral Doctor	: DR.BHAVANA K	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

PATIENT TRANSFER FORM

VIH-00205791 IP-00060302 Baby B/O E ARISHA 10-06-2026 0Y0M0D5H (F) Dr. KODICHERLA VISHNU VARDHAN	Date & Time of Admission 10/6/26 at 2:55Pm	Date & Time of Transfer Order 10/6/26 at 4:40Pm
	Transfer Ordered by Dr. Vishnu	Reason for Transfer observation
From Unit MICU	To Unit Room (205)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small kerchief	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. [signature]	Dr. Vishnu

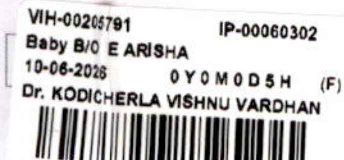
Patient & Clinical Records Received by : Deepika 10/6/26 @ 7:40PM

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCH /FRM / CLINICAL / 102



NURSING DEPARTMENT

NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark'[✓] the boxes as applicable)

Baby's Name: B/o E ARISHA Mother's Name: Mrs. E. Arisha

Date of Birth: 10/6/26 Time of Birth: 1.54.07 pm Gender: ☐ Male ☑ Female

Birth Weight: 2.630 Kgs HC: 36 cm Lenght: 46 cm

Meconium in Liquor: ☐ Yes ☑ No Cried at Birth: ☑ Yes ☐ No

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: O+ Positive Baby: ....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 3.10Pm

VIH-00140260 IP-00060300
Mrs E ARISHA
16-09-1995 30 Y 8 M 25 D (F)
Dr. BHAVANA K

Mode of Delivery: ☐ Normal ☑ LSCS - Emergency/ Elective ☐ Instrumental ☐ AVD

Indication: Emergency LSCS

Physical Assessment of New Born:

Temp: 36° °C HR: 154 /Min RR: 59 /Min BP: — SpO2: 97%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 14 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☑ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☑ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify: —

Nursing Management: (Please strike through If not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: ✓Yes / No

Routine Care Provided: ✓Yes / No

Capillary Blood Glucose Monitoring Done: ✓Yes / No

Neonatal Screening Done: Yes / ✓No

1. Nutritional Screening: Feeding Problem Yes / ✓No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~
3. Socio History: Siblings ~~Yes~~ / ✓No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / ✓No

Nurse Name: [signature] Signature: [signature] Date &Time: 10/6/26 @ 3.00Pm

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. KODICHERLA VISHNU VARDHAN

:ONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : E. Arisha Age : 30yr. Father's Name : .... Age : ....

Date of Birth : 16-09-95 Date of Admission : .... UHID No.: ....

NICU Consultant : .... Referring Consultant : Dr Bhavana.

Transferring Unit : ☑ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☑ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Arisha.

Gender : ☐ M (☐ F) Blood Group : ....

Date of Birth : 10/6/26 Time of Birth : 1:54:07 Pm

Place of Birth : RCH VKP.

Mother's Blood Group : 'O' positive

Birth Weight (gms) : 2.630 kg Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 37wk.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30yr Ht : 150 Wt : 80 BMI : .... Married Life : 5yr. LMP : 24/9/25 EDD : 1/7/26.

Conception : Spontaneous or with Rx. : IVF – 1st cycle – own gamets.

Booked at what GA. : 15+5 wk / previous @ Ones fertility AN Steroids Drugs / Doses : ....

Last Scans Details : 30/5/26 – SLIUF 35+3 / breech ef. post lieh AFI – 15.2cm / AC 9%. EFW 2.8 kg. TT Immunization and Iron / Folic Acid : covered

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs —

Consanguinity : ☐ Yes ☐ No —

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3 —

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : T Ecosporin 150mg OD, ∵ conception stopped at 36wk.

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : ....

IUGR - when detected : ....

Doppler (Increased Resistence / ADEF / REDF / (N). Redistrbution in MCA) / Ductus Venosus : ....

AFI : ....

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : — GDM – on diet)

Compliance with Rx : ....

Scans : LGA, TIFFA , Fetal Echo : Echogenic focus in LV, Echogenic bowel, B/L pelvicectasis.

H/o Hypothyriodism : when diagnosed ? Medication? (+) 112.5 mcg

Any other Chronic Medical Problems, when detected drugs ? —

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☑ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : 16 + 3 wk Any culture : E. Coli

PPROM : Duration : .... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : ....

Medication during Pregnancy : .... Duration : ....

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Baby B/O E ARISHA
10-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. KODICHERLA VISHNU VARDHAN

PAST OBSTETRIC HISTORY

G : .... P : .... A : .... L : ....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
			Primi			

PERINATAL HISTORY

Treating Obstetrician : Dr. Bhavana Hospital : Rent VSP ☑ Inborn ☐ Outborn

Duration of Labour pt. Breech

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : ....

Specify the reason : ....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : ....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : ....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : ....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : .... Weeks : ....

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink			
HEART RATE	Absent	< 100 Minutes	> Minutes			
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal			
MUSCLE TONE	Limp	Some Flexion	Active Motion			
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying			
			TOTAL	7/10	9/10.	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)		
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)		
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)	
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)		
Multiple Seizures	No (0)	Yes (19)			
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)		
Apgar Score	> = 7 (0)	< 7 (18)			
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)		
SGA	> 3rd percentile (0)	< 3rd (12)			

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of Present Illness :

target SpO2 reached at 2' of life

equipment check done
↓
B/o Archana delivered via EmLSCS
Breech presentation
↓
female
↓
CIAB
↓
Decision for BOKee
↓
Received into preheated warmer
↓
Secretions cleared Mouth → Nose
↓
Dried and Stimulated
↓
Cord clamp cut 2A fill(+)
↓
Inj vit K given 1 dose
↓
Baby vigorous
↓
Shift to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

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Baby B/O E ARISHA
10-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. KODICHERLA VISHNU VARDHAN

GENERAL EXAMINATION ON ADMISSION

General Disposition : Cry vigorous
Tone (N)
activity good

VITALS : Temperature : 36.5°C HR : 170/min RR : 41/min NIBP : ...... CFT : < 3sec

Color of the extremities : Acrocyanosis

Jaundice : — Pallor : — SpO2 : 98/RA

Anthropometry : Birth Weight : 2630g Length : ...... HC : ...... Present Weight : ......

Ponderal Index : ...... (AGA) ...... SGA : ...... LGA : ......

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles : AF clear
Sutures
Shape / Moulding :
Edema / Bruising : —
Size - (H.C.) :

Facies :
(Any Facial Dysmorphism) (N)

NECK and CLAVICLES :
Range of Motion :
Asymmetry : (N)
Masses :

EYES :
Symmetry :
Red Reflex : not checked
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape : (N)
Periauricular Pits / Tags : (P) (L) preauricular Tag ⊕
Nasal shape / Patency : —
Palate :
Gums :
Lips : (N)
Tongue :

Baby B/O E ARISHA
10-06-2026 0Y0M0D5H (F)
Dr. KODICHERLA VISHNU VARDHAN

THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number : 2 in (R) set per
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : 2AHVP Umbilical Stump : Discharge :
GENITILIA :	Labia / Hymen : Testicles/penis : Anus : Patent
HERNIAL ORIFICES	free
TRUNK and SPINE :	(N)
SKIN LESIONS :	—
EXTREMETIES :	Fingers / Toes : 10+10 Deformities : Hip Joint Examination : (N) Arms / Legs : Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 46/min SCR / ICR / See - Saw breating : ....

Scoring of respiratory distress if present (Silverman or Downe's) : ....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : ....

SpO_2 : 98 / RA Auscultation : BAE(+) Breath Sounds : NVBS(+) Added Sounds : ....

Cardiovascular System :

HR : 160/min BP : ....

Femoral Pulses : (+)

Other Peripheral Pulses : (+)

Precordial Activity : (N)

Murmurs : —

Signs of Cardiac Failure : ....

Abdomen :

Shape : ....

Palpation : soft

Palpable masses : ....

Abdominal girth : ....

Hernia orifice : ....

Anal Patency : (+)

Umbilical Cord : CAHVP

First urine passed : } not passed

Meconium passed : }

VIH-00205791
Baby B/O E ARISHA
10-06-2026 0Y0M0D7H (F)
Dr. KODICHERLA VISHNU VARDHAN

Nervous System : Higher intellectual functions (Sensorium) : ....

State of wakefulness : ....

Prechtle Score : ....

Nerves : ....

Motor System :

Passive Tone : ....

Active Tone : ....

Neonatal Reflexes : ....

Grasp : ☑ Palmar ☐ Plantar ☐ Sucking ☑ Rooting ☑ Crossed adductor : ....

Moro's : B/L Moros elicited .... DTR : ....

ATNR : .... Skull and Spine : ....

Any Congenital Anomalies : ....

Diagnosis : Term / Emlscs / Breech / IDM / Fen / GABl AGA / (D) Preauricular Tag (R)

FOOT PRINTS

Left Side :	Right Side :
	10/6/26

Resident Doctor :

Signature : ....

Name : Dr. Shriker.

Date & Time : 10/6/26 2:15pm

Consultant :

Signature : ....

Name : Vignu

Date & Time : 11/6/26 @ 11.00am

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0 Y 0 M 0 D 7 H (F)
Dr. KODICHERLA VISHNU VARDHAN

D

Information given by: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No ☐ NA

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify ....

Feeding Plan at the time of shifting : ....

....

....

....

....

....

....

Screenings done during NICU Stay :

NSG : ....

Hearing Screen : ....

ROP : ....

TFT : ....

NP2 : ....

Discharge Details:

Neonatal Condition at Discharge:

....

....

....

....

....

....

....

....

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0 Y 0 M 0 D 7 H (F)
Dr. KODICHERLA VISHNU VARDHAN

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: ....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ....../....../......

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: ....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ....../....../......

Discharge to ☐ Home ☐ Other: ....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐ Yes ☐ No

Details: ....

Final Diagnosis: ....

- DBL 2nd line
- 2D Echo
  USG Abdomen] B/f D/C i/v/o Antenatal finds.
- OAE/SBR/NBS B/f D/C
- Immunization
- USG HPP @ back of life i/v/o Breech.
- GRBS 6 hrly prefeed till 48 hrs

Doctor Signature: ....

Doctor Name: Dr Shrike

Date & Time: 10/6/26 / 2:15pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 8:30AM	CS/B Resident	TOB: 10/6/26 1:54pm
	Term/37weeks/Em LSCS/Breech/IDM/FCH/ CIAB/AGA / Primi /Hypothyroidism	
	M.BG - O positive B.BG - A positive	on mother's feed
	F.Wt - 2.55kg (↓80gm) 3.04%. B.Wt - 2.630kg	Plan
	left preauricular tag present	- DBF f/b burping 2nd hrly - Warm care & cord care
	O/E Baby warm Cr/A good CRT<3sec CVS - S1S2 (N) RS - B/L AE (N) PA - Soft Vitals stable Red Reflex - (N) Antenatally: Echogenic foci in left ventricle Bilateral pelvic tasis Echogenic bowel	- vaccination as per schedule - OAE, SBR, NBS b/f discharge - USG KUB & Abdomen - 2D echo on follow up - USG Hip at 6 weeks

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Baby B/O E ARISHA
10-06-2026 0Y0M0D7H (F)
Dr. KODICHERLA VISHNU VARDHAN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	Lactation notes (Mrs. Rangeshwari)	
	• 1st time Mother	
	• Normal breast condition	
	• Drops of milk seen	
	• Advised to feed every 2hrs	
	• More skin to skin	
	• To track the feeding in the sheet given	
	• f/u	
11:30am		
11/6/26 4pm	C/S/B Resident	
	Newborn berry	
	C/7/D/ 1000	Ad
	(W)	
	B/ABD	— Contine same
	PD	
	Vy 8thy	
	Noted by Akanksha 11/6/26 @5pm	

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Baby B/O E ARISHA
10-06-2026 0 Y 0 M 0 D 10 H (F)
Dr. KODICHERLA VISHNU VARDHAN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026 9:00AM	37wks / 9	2.68 ↓(6.48%) 2.46 / GDM Primi Em-LSCS - Ehogenic bowel - USD HOL-43 - D/L ...
		CFT/A Good
		CRT <3sec
M-O+ B-A+		AF - (N)
		moro Elicited
		CVS / CNS / RS (N) P/A
	Red reflex - ☑	Plan - feeding & burping
	USG KUB (N)	- GRBS Q6H (pre feed)
	OAE - ☑	- warmth & cord care.
		- vitals 6th hrly
		- Inform SOS.
		- 2D echo (follow up)
	SBR & NBS @ 2:00pm. T/D	- USG Hip @ 6wks
		- Inform SOS.
		[signature]
	VNM [signature]	Noted by Akansha 12/6/26 @12pm

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0Y0M2D (F)
Dr. KODICHERLA VISHNU VARDHAN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	Lactation notes (Mrs. Ramyashree)	
	• c/o low milk supply	
	• TF is introduced	
	• Strategies to improve supply discussed.	
	• f/u	
[signature] 12:30pm		

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0Y0M0D5H (F)
Dr. KODICHERLA VISHNU VARDHAN

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Term / Em LSCS / Breech / IDM / Female CDAB / ACTIA	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: nil					
	Surgery / Procedure: —	Post OP Day: —					
BACKGROUND	Date / Shift	10/6/26 E	10/6/26 N	11/6/26 M	11/6/26 E	11/6/26 N	12/6/26 M
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil.	Nil	Nil	Nil
	Diet:	DBF	DBF	DBM	DBM	DBM	DBM+F
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6F	98.7F	97.9F	98.1F	98.2°F	98.1F
	Res:	58 b/mt	33 b/m	39 b/m	41 b/m	40 b/m	41 b/m
	SpO2:	99%	98%	99%	99%	99%	99%
	Pulse:	148 b/mt	150 b/m	152 b/m	142 b/m	140 b/m	142 b/m
	BP:	—	—	—	—	—	—
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	15	15	'15'	'15'	'15'	'15'
	Pain Score:	0	0	'0'	'0'	'0'	'0'
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	DBF	DBF	DBM	DBM	DBM	DBM+F
	Critical Lab Test / Values:	Nil	Nil	Nil	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	Dependent	Dependent	dependent	Dependent
Post Operative Procedure Special Orders:		-	GRBS 6th H(U)	GRBS 6th hourly USG KFG today	GRBS 6th Hourly USG hip 6 weeks	GRBS 6th hrly USG Hip @ 6 WKS	—
Handed Over By Name :		[illegible]	deepika	Nagmani	Akanksha	Deepika	Akanksha
Signature / ID :		020573	607469	@ [illegible]	A 606607	607469	A 606607
Date:		10/6/26	11/6/26	11/6/26	11/6/26	12/6/26	12/6/26
Time:		@7:40pm	@8AM	2pm	@8pm	@8AM	@2pm
Taken Over By Name :		deepika	Akanksha	Akanksha	Deepika	Akanksha	sushila
Signature / ID :		607469	A 606607	A 606607	607469	A 606607	816993
Date:		10/6/26	10/6/26	11/6/26	11/6/26	12/6/26	12/6/26
Time:		@8PM	@8am	@2pm	@8pm	@8am	2pm

Docu. No. : RCH /FRM / CLINICAL / 097

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0Y0M0D7H (F)
Dr. KODICHERLA VISHNU VARDHAN

NURSING SHIFT HAND OVER FORM

SITUATION							
Diagnosis: Term/GM/LSCS/Breech/IDM/ Female/OAB/AGIA		Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: nil					
Surgery / Procedure: –		Post OP Day: –					

Section	Item						
BACKGROUND	Date / Shift	12/6/26 E					
	Medical Condition (Any special condition to be noted):	nil					
	Diet:	DBF					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F					
	Res:	46b/mt					
	SpO_2:	100%					
	Pulse:	146b/mt					
	BP:	–					
	LOC:	Conscious					
	Fall Risk Score:	15					
	Pain Score:	0					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	nil					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	nil					
	Critical Lab Test / Values:	nil					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent					
Post Operative Procedure Special Orders:		nil					
Handed Over By Name :		Sashi G					
Signature / ID :		816993					
Date:		12/6/26					
Time:		3pm					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

noted by Sashi G 12/6/26 at 3pm

Docu. No. : RCH /FRM / CLINICAL / 097

CONSENT FOR FORMULA FEEDS

Patient Name: B/o. E. Arisha Age: .... Gender: ☐ Male ☑ Female

UHID no: 205791 Department / Ward: IInd Floor Date: 11/6/2026

I Mr / Mrs. : E. Arisha Aged 30 years, hereby declare that I have admitted my ☐ son / ☑ daughter in Rainbow Children's Hospital, Hyderabad on 11/6/2026

I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant / Guardian:	**Witness**
Signature: [signature]	Signature: ....
Name: C. RAJENDRA	Name: ....
Relationship with patient: FATHER	Date & Time: ....
Date & Time: 11/6/2026 @ 11:30pm	

Doctor (who is taking consent):

Signature: [signature]

Name: Dr [signature]

Date & Time: ....

ఫార్ములా ఫీడ్‌ల కోసం సమ్మతి

పేషెంట్ పేరు: .... వయస్సు : .... లింగం : □ మగ □ ఆడ

UHID సంఖ్య: .... విభాగం / వార్డు : .... తేదీ:.......................

నేను శ్రీ / శ్రీమతి : ...., వృద్ధాప్యం ....

నేను నా □ కొడుకు / □ కూతురిని హైదరాబాద్‌లోని రెయిన్‌బో చిల్డ్రన్స్ హాస్పిటల్‌లో .... నా బిడ్డ కోసం ఫార్ములా ఫీడ్ కోసం నేను ఇందుమూలంగా సమ్మతి ఇస్తున్నాను. నాకు బాగా అర్థమయ్యే భాషలో ఫార్ములా ఫీడింగ్ ప్రయోజనాలు, రిస్కులు, ప్రత్యామ్నాయాల గురించి వైద్యులు నాకు వివరించారు.

పేషెంట్ అటెండెంట్ / గార్డియన్:

సంతకం: ....

పేరు: ....

రోగితో సంబంధం: ....

తేదీ & సమయం: ....

సాక్షి:

సంతకం: ....

పేరు: ....

తేదీ & సమయం: ....

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):

సంతకం: ....

పేరు: ....

తేదీ & సమయం: ....

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0Y0M0D5H (F)
Dr. KODICHERLA VISHNU VARDHAN

RCH/ FRM / CLINICAL / 124 (1)

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/6/26

Time:	2 PM	4 PM	6 PM	8 PM	11 PM	3 AM	7 AM
Doctor/Nurse/Family Concern?							
Temperature (°F) (scale 94–104)	98.6F	98.6F	98.4	* (98)	98.6F	98.2F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	* (150)	* (150)	* (145)	* (140)	* (150)	* (140)	* (140)
Heart Rate (Number)	154	159	148	140	145	1490	140
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	*	*	*		*	*	*
Resp Rate (Number)	59	52	48		40	45	40
Resp Distress — Mod/ Severe							
Resp Distress — None / Mild				N	N	N	N
Receiving O_2 (l/min)							
O_2 Saturations (%)	99	96	99	99	99	99	99
Conscious Level — Normal	N	NA	NA	N	N	N	N
Conscious Level — Altered							
GCS *	15	15	NA				
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	8	F1	6	D	D	D	D

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	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.*

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0 Y 0 M 0 D 7 H (F)
Dr. KODICHERLA VISHNU VARDHAN

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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0Y0M0D7H (F)
Dr. KODICHERLA VISHNU VARDHAN

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11/6/26 Time:	10 AM	2 pm	6 pm	8 pm	9 PM	12 AM	3 AM	7 AM
Doctor/Nurse/Family Concern?								
Temperature (°F)	97.9°F	98.9°F	98.0°F	97.9°F	98.2°F	98.0°F	97.9°F	98.2°F
Heart Rate (Number)	142	141	144	143	140	145	140	140
Resp Rate (Number)	39	41	40	43	40	42	44	40
Resp Distress (Mod/Severe / None/Mild)				.	N	N	N	N
Receiving O_2 (l/min) / O_2 Saturations (%)	99%	99	99	99	99%	99%	99%	99%
Conscious Level (Normal / Altered)	C	C	C	C	N	N	N	N
GCS *								
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	A	J	J	A	D	D	D	D

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) *

ACTIONS		
NB: Scores 3 should be recorded overleaf	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.

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0Y0M0D7H (F)
Dr. KODICHERLA VISHNU VARDHAN

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.
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- 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!
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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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0 Y 0 M 1 D (F)
Dr. KODICHERLA VISHNU VARDHAN

. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter									
Date: 12/6/26 Time:			10 Am				2 pm		
Doctor/Nurse/Family Concern?									
Temperature (°F) (scale 104–94)			97.1°F				98.0°F		
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50) Note: BP does not score in early warning scoring									
Heart Rate (Number)			134				144		
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)									
Resp Rate (Number)			41				42		
Resp Distress: Mod/ Severe									
Resp Distress: None / Mild									
Receiving O_2 (l/min)									
O_2 Saturations (%)			99%				99%		
Conscious Level: Normal			C				C		
Conscious Level: Altered									
GCS *									
TOTAL SCORE Number of shaded boxes			0				0		
Pain Score			0				0		
Observer's Initials			[initials]				[initials]		

Not to be used 12/6/26

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: Scores 3 should be recorded overleaf

* 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.

Patient Sticker

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.
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- 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)
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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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0Y0M0D5H (F)
Dr. KODICHERLA VISHNU VARDHAN

Sheet No. : ....

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	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
10/6/26	02:00 pm		DBF									Pushpa 10/6/26 at 8pm
	03:00 pm									✓		
	04:00 pm		DBF								0	
	05:00 pm									✓		
	06:00 pm		DBF									
	07:00 pm											
Total Intake :						**Total Output :**				Passed		
11/6/26	08:00 pm											Deepika 11/6/26 @ 1
	09:00 pm		DBF							✓		
	10:00 pm											
	11:00 pm		DBF									
	12:00 am						✓			✓		
	01:00 am		DBF									
Total Intake :						**Total Output :**						
11/6/26	02:00 am											Deepika 11/6/26 @ 8am
	03:00 am		DBF							✓		
	04:00 am											
	05:00 am		DBF									
	06:00 am						✓					
	07:00 am		DBF									
Total Intake :						**Total Output :**						

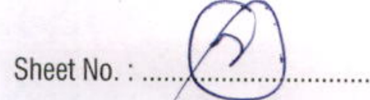
Total 24 hrs. Intake	

Total 24 hrs. Output	

VIH-00205791 IP-00060302
Baby B/O E ARISHA
10-06-2026 0 Y 0 M 0 D 7 H (F)
Dr. KODICHERLA VISHNU VARDHAN

FLUID CHART

Sheet No. : ....(2)....



11/6/26

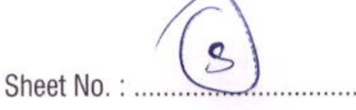
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/6/26	08:00 am		DBM									Akasha 11/6/26 @8pm
	09:00 am											
	10:00 am		DBM				✓			✓		
	11:00 am											
	12:00 pm		DBM									
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm									✓		Akasha 11/6/26 @8pm
	03:00 pm		DBM				✓					
	04:00 pm											
	05:00 pm		DBM									
	06:00 pm									✓		
	07:00 pm		DBM									
Total Intake :						Total Output :						
	08:00 pm											Deepika 11/6/26 @8AM
	09:00 pm		DBM									
	10:00 pm						✓			✓		
	11:00 pm		DBM									
	12:00 am											
	01:00 am		DBM									
Total Intake :						Total Output :						
	02:00 am											
	03:00 am		DBM									
	04:00 am						✓					
	05:00 am		DBM									
	06:00 am									✓		
	07:00 am		DBM									
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

FLUID CHART



Sheet No. : 8

11/6/26

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	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
11/6/26	08:00 am		DBM							✓		Akansha 12/6/26 @ 8pm
	09:00 am											
	10:00 am		DBM+H									
	11:00 am									✓		
	12:00 pm		DBM				✓					
	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 :						

Noted by Swetha 12/6/26 at 8pm

Total 24 hrs. Intake		Total 24 hrs. Output	