Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175985 **Admit Date** : 05-Jul-2026 **Admit Time** : 11:08 AM **UHID** : BAH-00657615

Patient Details :

Patient Name	: Mrs TIMMASARTHI DURGA BHAVANI	**Age**	: 32 Y 1 M 8 D
Guardian	: Mr CH KISHOR	**DOB**	: 27-05-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: H NO - 5-1-11/3/3/1B, MEERPET , Mallapur Hyderabad Telangana INDIA 500076	**Phone No**	: 8074414332/ 9059070606
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 417 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 417 **Admission Type** : First Visit

Contact Details :

Name : Mr CH KISHOR **Relationship** : Husband

Contact Address : H NO - 5-1-11/3/3/1B, MEERPET , Mallapur Hyderabad Telangana INDIA 500076 **Phone No** : 8074414332 / 9059070606

Signature

Doctor Details :

Doctor Name : Dr. ADITI SHAH **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00657615 IP5-00175985
Mrs TIMMASARTHI DURGA BHAVANI
27-05-1994 32 Y 1 M 8 D (F)
Dr. ADITI SHAH

UHID No. : _____ onsultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/24	7PM	OBG	307(A)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
5/12	IV placement	1	Outside	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00657615 IP5-00175985
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 5/7/26 Time of Admission : .....

Allergies: ..... ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

G2A1 c/o Bleeding P/V since Morning 6Am, went to padmaja clinic given inj Hydroxyprogesteron, inj tranexamic acid.

3/7/26: DCDA twins, 12+4 week, FTL-Low risk.
Twin 1 - NT- 2mm, CRL- 62.7mm, CXL- 30mm. Pl- Ant, fundal pole.
Twin 2 - NT - 1.8mm, CRL- 63.8mm, Lt placenta,
(placenta - ant, upper pole.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage :	Parity : G2A1
Previous Periods : regular.	Mode of Delivery : 1- 2024, IUI, FET, H/o cervical incompetence at 19 week, Emergency cerclage placed., aborted at 24 week.
LMP : 11/4/26.	Last Child Birth :
Contraception :	② - IUI, FET, DCDA twins, selective fetal reduction at 12+4 week.

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
NIL.	Lap ovarian drilling - in March 2023. Cervical cerclage - 2024.

BAH-00657615 IP5-00175985
Mrs TIMMASARTHI DURGA BHAVANI
27-05-1994 32 Y 1 M 8 D (F)
Dr. ADITI SHAH

FAMILY HISTORY:

Both parents - DM, HTN.

MEDICATION HISTORY:

See reconciliation.

INITIAL ASSESSMENT :

Date 5/7/26

Ht. _____ Wt. _____

BMI _____ PR 84/min

B.P 110/70

Pallor (-)

CVR S1S2 (+)

Respiratory System BAE (+)

Thyroid _____

Breasts

Abdominal Examination
P/A Relaxed
FHS (+) - 'in 1 town'
Cheeked onces.

Local/Speculum Examination
P/S: No active Bleed.
P/V: Cx long, closed.

Bimanual Pelvic Examination

DCDA → reduced FS myoblastoma.

PROVISIONAL DIAGNOSIS : G2 A1, 12+6 wks, APH. ? observation.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
A (+) ve. Urine - NR.	- Admission - prep of part - Vitals & FHR Monitor - continue Inj as charted - W/F uterine contraction Further episode of bleeding.

Name of the Doctor : Dr. Archeya

Signature of Doctor

Date & Time : 5/7/26, 11 Am.

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet	3			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk	1			
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	1			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Total No. of Pages	23			

Signature and Date :

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00657615 IP5-00175985
Mrs TIMMASARTHI DURGA BHAVANI
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/4/26 6pm	G_2A_1 / 12th wks / singleton for	APH, PCOA → reduced to observation
	G/c Fair afebrile. PR - 85/min BP - 100/Hg mmHg. Sp 2 - 99% @RA P/A - ot Relaxed FHS(+).	adv - Monitor vitals (R) diet - FHR 4th hly - w/p Pad for (observation). Shift to room.
		Dr. Arshiya. sh
6/4/26 4Am.	G_2A_1. / 13wks / APH / PCOA → reduced to singleton for observation	
	No Further Episodes of Bleeding	
	G/c Fair afebrile. PR - 83/min BP - 100/Hg mmHg Sp 2 - 98% @RA P/A - ot Relaxed FHS(+)	adv - Monitor vitals & FHR 4th hly - (R) diet - w/p Pad for Bleeding (observation). - Informed.
		Dr. Arshiya sh.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 12pm	No active bleed Ln - 30mm int os closed. T_1 - FHR good T_2 - no FHR. Adv Discharge Rpt on Mon 13/7 - continue progesterone - tab 3+0 Antibiotics - 7days ie Total	

Pa

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date						
Time						
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						
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						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00657615 IP5-00175985
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Patient

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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: NA Shifted to: N.A.

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	Inj. Hydroxyprogesterone	500mg	IM.	Wkly		☐ C ☑ ~~DC~~
2	Inj TRANEXAMIC ACID	1gm	IV	Stat.		☐ C ☑ ~~DC~~
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Aditi

Date & Time : 5/7/26, 11Am.

Nurse Name & Signature: [signature]

Date & Time : 5/7/26 12p

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

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DRUG CHART

Date of Admission: 5/1/22 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-00657615 IP5-00175985
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27-05-1994 32 Y 1 M 8 D (F)
Dr. ADITI SHAH

REGULAR PRESCRIPTIONS

Weight. — Ward. OBS

VERIFIED

DRUG : T. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	TID	5/7/24

Name & Signature of the Doctor Starting the Drugs: Dr. Akshay

Additional Instructions: X 5 days

Date / Time	5/7/24	6/7
		✓
Am	X	✓
3 pm	Durga	✓
11 pm	Durga	✓
Daily Doctor's Endorsement by a Sign		✓

VERIFIED

DRUG : T. PANTOP

Dose	Route	Frequency	Start Date
40mg	PO	OD	5/7/24

Name & Signature of the Doctor Starting the Drugs: Dr. Akshay

Additional Instructions: X 5 days.

Date / Time	5/6	6/7
6 Am	X	✓
Daily Doctor's Endorsement by a Sign		N

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

Weight. ..... Ward. ..... ONS .....

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.	

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

Signature .....

VERIFIED BY : Name .....

BAH-00657615 IP5-00175985
Mrs TIMMASARTHI DURGA BHAVANI
27-05-1994 32 Y 1 M 8 D (F)
Dr. ADITI SHAH

I.V. FLUIDS CHART

Weight. ..... Ward. .....

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

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

BAH-00657615 IP5-00175985
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5/7/26

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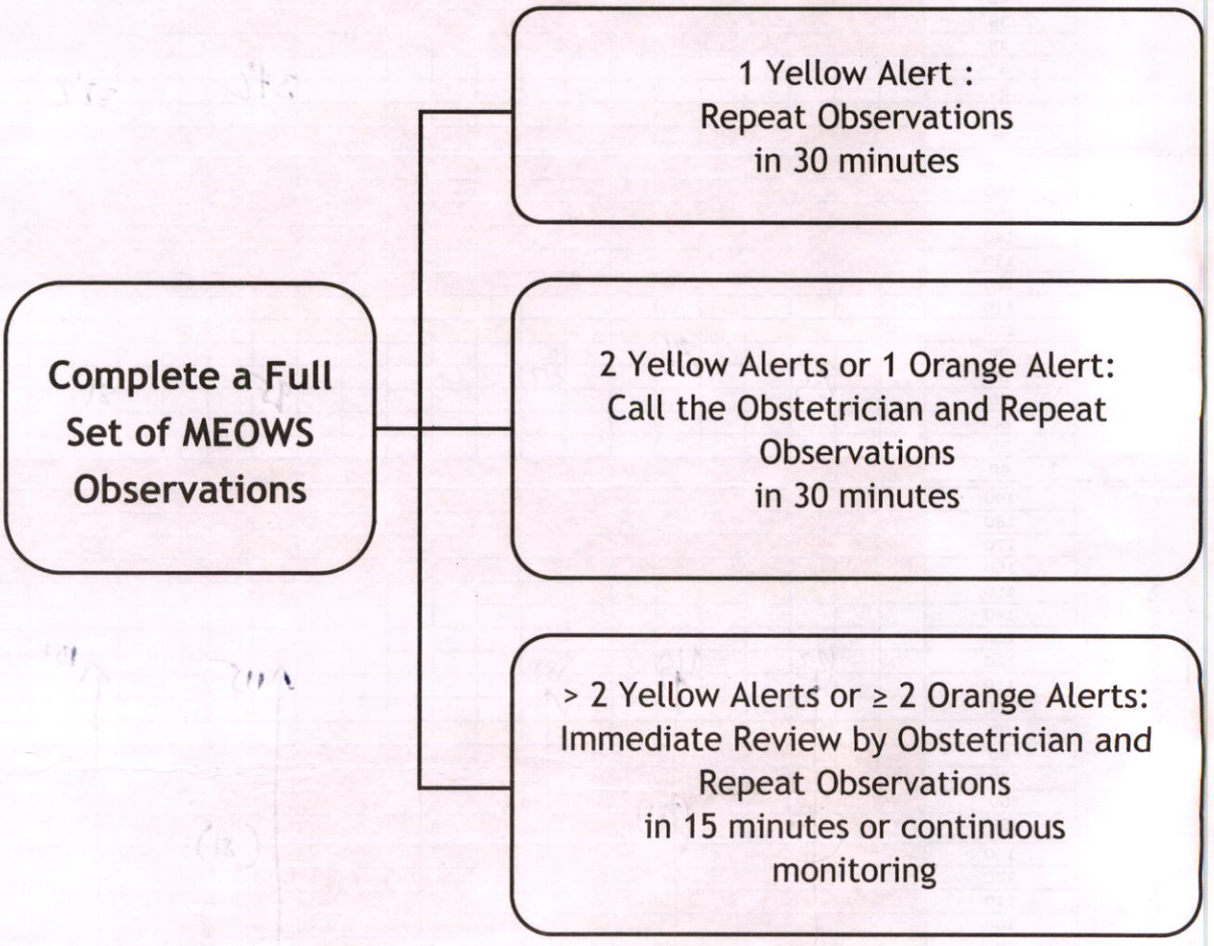
Early Warning Observation Score Chart - Obstetrics

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 in corresp. box)	> 30																									
	21 - 30																									
	11 - 20				19			19			19						20				20				19	
	0 - 10																									
Saturations	94 - 100 %				97			98			98						98%				98%				98%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																37°C				38°C				37°C	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90							85																		
	80				83						83						95				81				85	
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				123			115			112						115				102				100	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50				(83)			(84)									(81)									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80				83			84																		
	70										70						71				65				71	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				A			A			A						✓				✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓			✓			✓						✓				✓				✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																✓				✓				✓	
	Heavy / Foul																									
Liquor	Clear / Pink																✓				✓				✓	
	Green																									
TOTAL YELLOW SCORES					0			0			0						0				0				0	
TOTAL ORANGE SCORES					0			0			0						0				0				0	
Nurse Initial					M			M			JUNI															

5/7/26
Fetal HR
11pm 142 - 160
3am 6/7/26
139 - 149.
7am
148 - 183
10am 192 - 203

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-00657615 IP5-00175985
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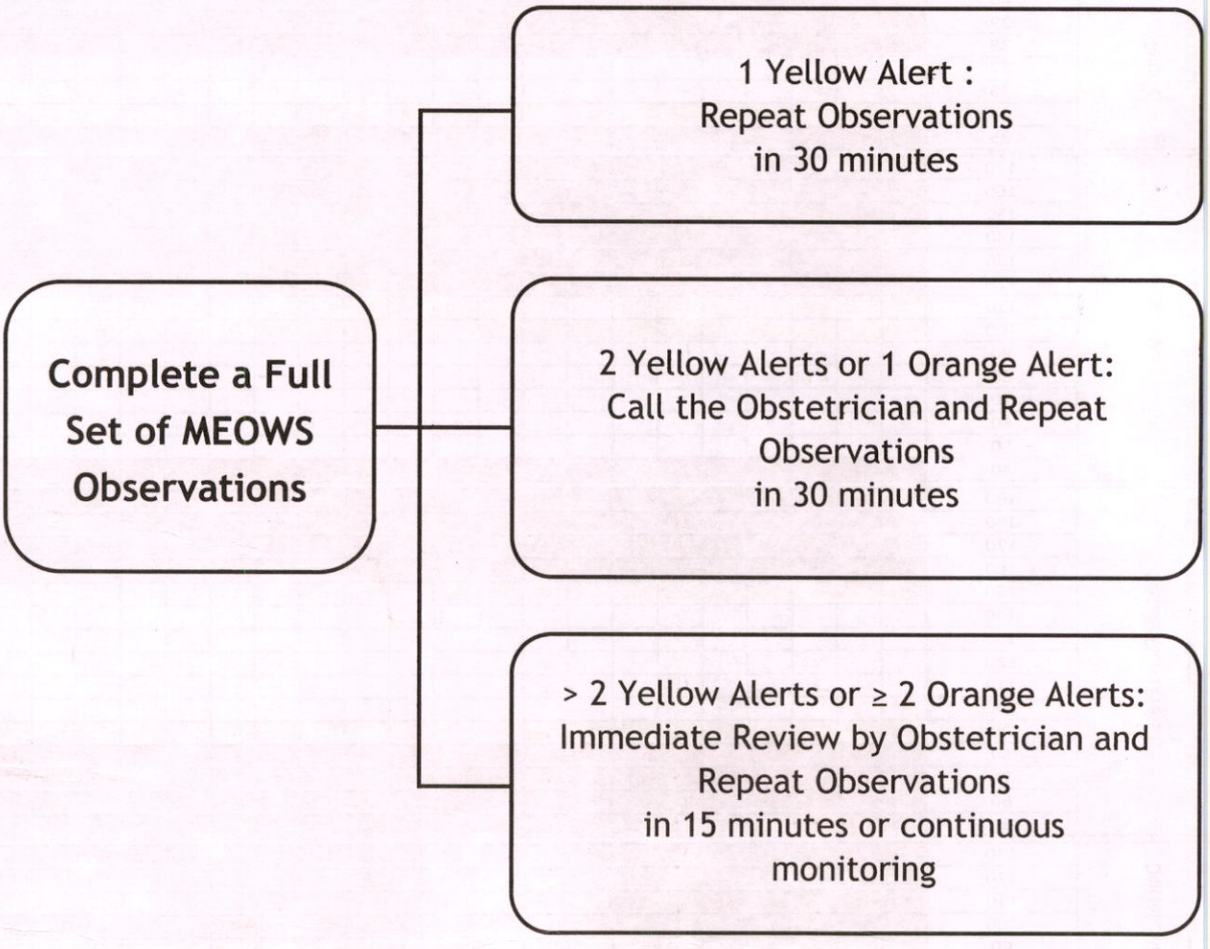
6/7/26

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_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ 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																									
	TOTAL ORANGE SCORES																									
	Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-00657615 IP5-00175985
Mrs TIMMASARTHI DURGA BHAVANI
27-05-1994 32 Y 1 M 8 D (F)
Dr. ADITI SHAH

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1 5/7/26

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	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										0	Durga
	09:00 am						1			✓	0	Durga
	10:00 am		H2O				NP				0	Durga
	11:00 am										0	Durga
	12:00 pm		H2O				1			✓	0	Durga
	01:00 pm										0	Durga
Total Intake : Tab						**Total Output :** passed						
	02:00 pm		H2O				1			✓	0	Durga
	03:00 pm		H2O								0	Durga
	04:00 pm						NP				0	Durga
	05:00 pm		H2O							✓	0	Durga
	06:00 pm						1				0	Durga
	07:00 pm		H2O								0	Durga
Total Intake : Taken						**Total Output :** U – 2 | M – 0						
	08:00 pm		H2O				✓			✓	0	Durga
	09:00 pm										0	Durga
	10:00 pm		H2O								0	Durga
	11:00 pm										0	Durga
	12:00 am		H2O								0	Durga
	01:00 am										0	Durga
Total Intake :						**Total Output :** U – 1 M – 1						
	02:00 am		H2O								0	Durga
	03:00 am										0	Durga
	04:00 am		H2O							✓	0	Durga
	05:00 am						NP				0	Durga
	06:00 am		H2O							✓	0	Durga
	07:00 am						1				0	Durga
Total Intake :						**Total Output :** U – 2 M – 1						

Total 24 hrs. Intake		Total 24 hrs. Output	U – 7 M – 1

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FLUID CHART

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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.
3. 24 hrs. total to be entered in the kardex in RED.

		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							
	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	

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Sheet No. : .....

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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		**Total 24 hrs. Output**	

Patient Sticker

FLUID CHART

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BirthRight™ BY RAINBOW HOSPITALS
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Sheet No. : .....

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2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		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							
	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**	