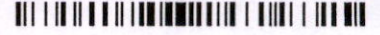


ADMISSION SHEET
Registration Details :


Admission No : IP5-00174687 **Admit Date** : 03-Jun-2026 **Admit Time** : 10:44 AM **UHID** : BAH-00657469

Patient Details :

Patient Name : Baby Of G SREENIKA REDDY	Age : 0 Y 0 M 6 D
Guardian : Mr SUSHANTH REDDY	DOB : 28-05-2026 10:47 AM
Gender : Female	Religion :
Occupation :	Martial Status : Single
Address (H) : FLAT NO. 102, SRI RAM APARTMENTS, NANDI NAGAR, ROAD NO. 14 Banjara Hills Hyderabad Telangana INDIA 500034	Phone No : 9951797136/ 9951797136
	E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 313 **Ward Name** : 3F-ZONE A
Room No : DLX 313 **Admission Type** : First Visit

Contact Details :

Name : Mr SUSHANTH REDDY **Relationship** : Father
Contact Address : FLAT NO. 102, SRI RAM APARTMENTS, NANDI NAGAR, ROAD NO. 14 Banjara Hills Hyderabad Telangana INDIA 500034 **Phone No** : 9110555506 / 9494481125



Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI **Specialisation** : GENERAL PEDIATRICS
Referral Doctor : Self **Phone No** :
Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

BAH-00657469 IP5-00174687
 Baby Of G SREENIKA REDDY
 28-05-2028 0 Y 0 M 6 D (F)
 Dr. VIJAYANAND JAMALPURI



NEWBORN MONITORING FORM

Date of Birth	: 29/05/28	New Born Screening	:
Time of Birth	:	TFT	:
Mode of Delivery	:	OAE	:
Birth Weight	: 3.36 kgs	Mother's Blood Group	: O+ve
Head Circumference	:	Baby's Blood Group	: O+ve
Length	:	Anomaly Scan	:
Red Reflex	:	Vaccination	:

Date	Weight	Type of Feed	Quantity	Temperature	Signature
3/6/28	^{warm} 3.359 kg	DBF	—	98°F	Cumara
4/6/28	3.283 kg	DBF + FF	10ml	97.9°F	Swarna

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ Dept : _____

BAH-00657469 IP5-00174687
Baby Of G SREENIKA REDDY
28-05-2026 0 Y 0 M 6 D (F)
Dr. VIJAYANAND JAMALPURI

Date of Admission: _____ Time : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6/26	11:10AM	ER	3/3	Lavanya

Cross Consultation Visit

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Blog Sreenika Reddy

UHID ID:

BAH-00657469 IP5-00174687
Baby Of G SREENIKA REDDY
28-05-2026 0 Y 0 M 6 D (F)
Dr. VIJAYANAND JAMALPURI

Department:



Consultant:



Pediatric Multiorgan History & Physical Examination

Name : NA Age/Sex D6

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Yellowish discoloration

History of present illness :

Yellowish discoloration.

M | 0+
B | 0+

B.Wt - 3.46 kg

D.Wt - 3.22 kg

G.Wt - 3.36 kg

ORF → (N)

NGI - reported awaited.

vaccination ✓

F.Bil - 15.4

LD → 0.1

ID - 15.3



Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

38w4+4 days / ALA / IDM / NNT / Tiny PDA.

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Immunization History :

Birth dose given



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____)

Weight (kgs)) 3.36kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : _____ B.P. _____ SPO2 _____

Resp.rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BBB (+), clear

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG,etc..) _____

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S2 (+)

Any murmur : _____

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : _____

Per Abdomen :

Inspection _____

Palpation : Ⓝ

Ausculation : _____

Spine : _____ External Genitelia : _____

Relevant data from outside (CT, USG etc..) _____

BAH-00657469 IP5-00174687
Baby Of G SREENIKA REDDY
28-05-2026 0 Y 0 M 6 D (F)
Dr. VIJAYANAND JAMALPURI



Pediatric Multiorgan history & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Active, alert

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

NNJ



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

SAR after rounds then

Planned Management

- SPT eye and
gentle covered
- Frequent feeding.

NB leaving
3/6 @ 11:50 AM

Signature of the Doctor: *[Signature]*

Name of the Doctor: *Ar Remebrish*

Date & Time: *3.6.26*

Signature of the Consultant: *[Signature]*

Name of the Consultant: _____

Date & Time: _____

[Signature]
Dr. VIJAYANAND JAMALPURI
Reg. No. 40526

BAH-00657469 IP5-00174687
 Baby Of G SREENIKA REDDY
 28-05-2028 0 Y 0 M 6 D (F)
 Dr. VIJAYANAND JAMALPURI

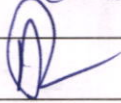
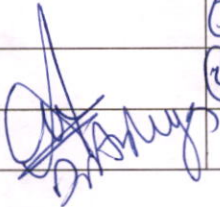



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Seen by Resident Dr. Ajudhman	
3/6 3pm	DOL-6/28-17 / AGA / IDM / NINJ / any PDA wt	
	Bl-wt - 3.46kg	Plan • SST to cont,
U/W SI ✓		• Cont. DRF
M/OT B OT		• vital monitoring
	Euthemic Vital stable Perfusion norm Active Taking feeds.	• CBR after sounds 7/17 • 15ml top up feeds can be given.
3/6 3.30pm	Seen by Dr. Vijayanand	Plan CBR after sound Cont. phototherapy
		Noted by Alexa Gobko

Reg. No: 40526
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6 245 am	<p><u>Seen by Resident</u> Dr. Agnashina</p>	
	<p>DOL - 7 38+4 days AYA DM NNTJ</p>	
	<p>St-wt - 3460 gr Today wt - 3283</p>	<p><u>Plan</u> • SBR after rounds today</p>
<p>0 M / 0 T 15 / 0 T</p>	<p>177 (54% wt cm)</p>	<p>• SBR to cont • Cont DSB • vital monitoring to be do</p>
<p>U / 7 hrs S / 7 hrs</p>	<p>Euthemic vital stable Perphene was Active taking feeds</p>	<p>• Topup feeds can (15ml) begin</p>
		
<p>4/6/26</p>	<p>seen by Dr. Vijayanand</p>	<p><u>Plan</u></p>
		<p>① Trace SBR ② (H) discharge ③ Regular feeding ④ colicard</p>
		

BAH-00657469 IP5-00174687
 Baby Of G SREENIKA REDDY
 23-05-2026 0 Y 0 M 6 D (F)
 Dr. VIJAYANAND JAMALPURI



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-00657469 IP5-00174687
 Baby Of G SREENIKA REDDY
 28-05-2028 0 Y 0 M 6 D (F)
 Dr. VIJAYANAND JAMALPURI



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: ICU Shifted to: 313

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [Signature]

Date & Time : 3/6/26 @ 11AM

Nurse Name & Signature: [Signature]

Date & Time : 3/6/26 @ 11:15AM



DRUG CHART

Date of Admission: 3/6 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:																					


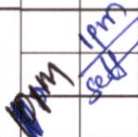
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 3.3kg. Ward.

DRUG : Sop VitD				Date Time																	
Dose	Route	Frequency	Start Date																		
0.5ml	PO	OD	3/6																		
Name & Signature of the Doctor Starting the Drugs:				 																	
Additional Instructions:				Am - 800BV																	
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					



Date	Time	Nurse Sig.		Nurse Sig.		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.		Nurse Sig.		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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VERIFIED BY - Name Signature



I.V. FLUIDS CHART

Weight. 3.36kg Ward.

VERIFIED BY : Name Signature

Composition of I.V. Fluid
(In case of infusion, mention ml/hr = Mcg/kg/min. etc)

Route

Flow Rate
ml/hr

Doctor
Sign

Nurse
Sign

Date of
Stopping

Doctor
Sign

Nurse
Sign

Composition of I.V. Fluid (In case of infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

BAH-00657469 IP5-00174687
 Baby O G SREENIKA REDDY (F)
 28-05-2026 0 Y 0 M 6 D
 Dr. VIJAYANAND JAMALPURI

3/6/26

No. : RCHBH / FRM / CLINICAL / 124

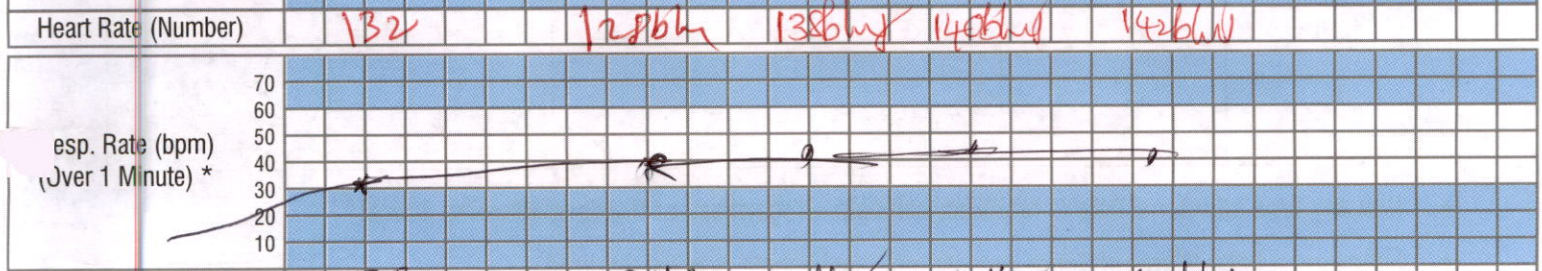
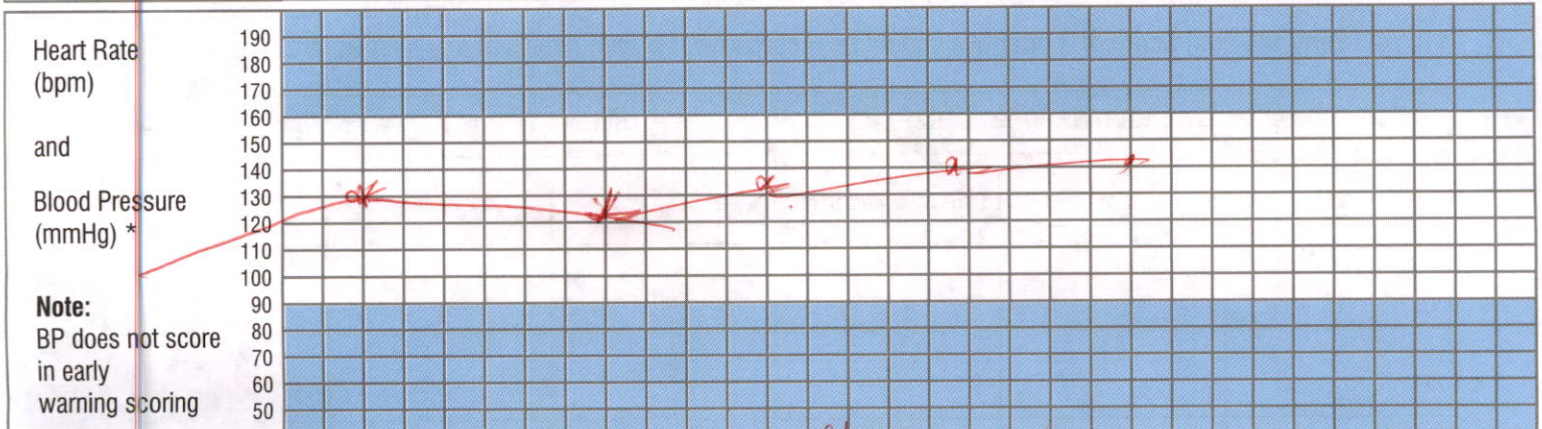
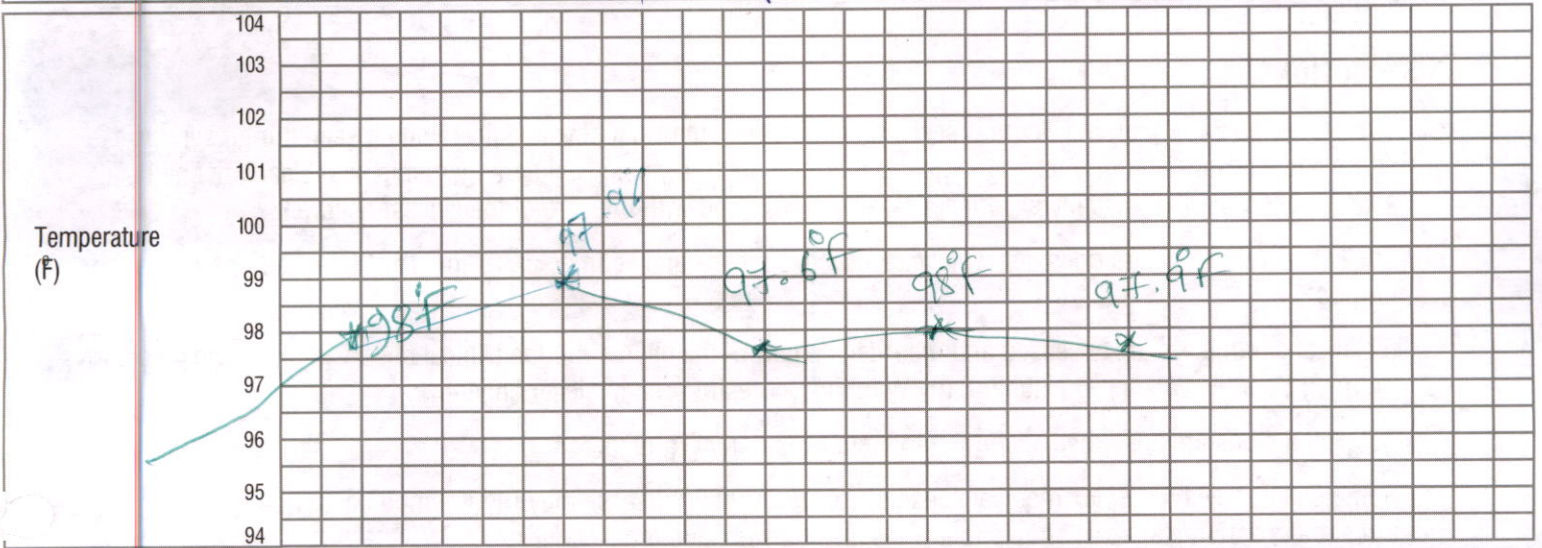
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: **12PM** **5 PM** **11 PM** **3 AM** **6 AM**
 Doctor/Nurse/Family Concern?



Heart Rate (Number) **132** **128bpm** **138bpm** **140bpm** **142bpm**

esp. Rate (bpm) (Over 1 Minute) * **36** **36bpm** **40bpm** **40bpm** **40bpm**

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) **99%** **100%** **99%** **99%** **99%**

Conscious Level Normal Altered **✓**

GCS * **(14/15)**

TOTAL SCORE

Number of shaded boxes **0** **0** **0** **0** **0**

Pain Score **0** **0** **0** **0** **0**

Observer's Initials **[Signature]** **[Signature]** **[Signature]** **[Signature]** **[Signature]**

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.

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)

BAH-00657469 IP5-00174687
 Baby Of G SREENIKA REDDY
 28-05-2026 0 Y 0 M 6 D (F) Io. : RCHBH / FRM / CLINICAL / 124
 Dr. V. JAYANAND JAMALPURI

4/6/26

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time:

Doctor/Nurse/Family Concern?

Temperature (F)

104
103
102
101
100
99
98
97
96
95
94

Heart Rate (bpm)

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

and

Blood Pressure (mmHg) *

Note:
 BP does not score in early warning scoring

Heart Rate (Number)

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

70
60
50
40
30
20
10

Resp Rate (Number)

Resp Distress Mod/ Severe None / Mild

Receiving O₂(l/min)
 O₂Saturations (%)

Conscious Level Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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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)

3/6/26.

FLUID CHART

Sheet No. : 9

- 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								✓		1		Su
	12:00 pm	DBF 12ml						✓			1		Su
	01:00 pm										1		Su
Total Intake :						Total Output : U - 1 M - 1							
	02:00 pm												Suman
	03:00 pm	FF 10ml						✓			1		Suman
	04:00 pm							✓			1		Suman
	05:00 pm	DBF 5ml									1		Aleg
	06:00 pm	FF 5ml						✓			1		Aleg
	07:00 pm										1		Aleg
Total Intake :						Total Output : M - 2 U - 2							
	08:00 pm	DBF 12ml						✓			1		Swapna
	09:00 pm												Swapna
	10:00 pm										NO		Swapna
	11:00 pm	DBF 15ml						✓			1		Swapna
	12:00 am												Swapna
	01:00 am	DBF											Swapna
Total Intake :						Total Output : U - 2 M - 2							
	02:00 am										1		Swapna
	03:00 am	DBF 18ml						✓			1		Swapna
	04:00 am										NO		Swapna
	05:00 am										1		Swapna
	06:00 am	DBF 10ml						✓			1		Swapna
	07:00 am												Swapna
Total Intake :						Total Output : U - 2 M - 2							

Total 24 hrs. Intake

Total 24 hrs. Output U - 7 M - 7

BAH-00657469 IP5-00174687
 Baby Of G SREENIKA REDDY
 28-05-2028 0 Y 0 M 6 D (F)
 Dr. VIJAYANAND JAMALPURI



FLUID CHART



Sheet No. : 4/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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