BAH-00600656 IP5-00176626
Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

Mrs REENA AGARWAL (43 Y 1 M 25 D/ F)
OTHERS
NINV00213
BA26072772032
BAH-00600656

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81201

SURGERY DETAILS

Date : 20/7/26

Patient Name: Mrs. Reena Date of Birth: Age: 43 Y

Gender: Female Ward : P-OT UHID No.: BAH-00600565

Date of Surgery: 20/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☑ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Total laparoscopic hystrectomy + Bilateral salpingectomy + adhesiolysis.

Time in : 9.30Am

Time Out : 11.45Am.

C38 C24

	NAME	AMOUNT
1. Surgeon	Dr. Sweta Agarwal.	Su= ~~74,400~~ 96000
2. Anaesthetist	DR Subrahmanyam.	An= ~~24,000~~ 31200
3. Assistant Surgeon	Dr. B. S. Rao.	OT= 30,000
4. OT Technician	Ramesh	OTC = 9500
5. Circulating Nurse	Bobi	C550-2810
6. Assistant Nurse	Pravabhati	

Special Equipment: ☑ Laparascopy 9712726 ☐ Broncoscope ☑ Harmonic 9712726 ☐ Morcelator

☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa

☐ Neuro Cusa ☐ Others Vessel sealer → 9712726

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9712725

Order by: Jyotho

Docu. No. : RCHBH/FRM/GENERAL/114

BAH-00600656 IPS-00176626
Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

TLH + B/C SALPHINGECTOMY

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CONSUMABLES OF OT

Circulating staff : .... Technician : .... Date : 20/7 .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (7.0) 7.5	1+1	1	Major Pack + Legal	1+1	1+1	Inj Vit.K		
LMA 3, 4	1+1	—	Sutures 2346		1	Cord Clamp		
ECG leads : A / P / N	5	3	Tubar 2347	2+2	1	Suction Catheter		
HME filter : A / P / N	1	1	Vicryl 00, 01, 1-0	2+2	—	Feeding Tube		
Syringes : 10 cc	20	7				Vaccum Suction Set		
05 cc	20	6	Gloves 6, 6.5, 7, 7.5	2+2	2+5	Surgical Gloves		
02 cc	20	4	Pf 6, 6.5, 7, 7.5	2+2	2	Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	1	Surgical blade 11, 15	1+1	1	Surgical Blade # 20		
IV set	01	—	NG tube			Koochies (S)		
RL	01	2	Cautery pencil	1	—	NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	2+2	2+2	Koochies			Transofix	1	1
Micro spike	02	0	Ointments			Jelly	1	1
Vaccu set	01	1	Suction Catheter			10cc Syringe	2+2	2
Fentanyl	01	1	Cap, Mask	5+5	[illegible]	Nolton Cath 10/12	1+1	—
Morphine	1	1	Gauze Pack NR	2+2	3+3	TUR set	1	2
Ketamine			Mop Pack	1	2	Inj. Anawin 0.25	1	1
Propofol	4	2	~~Steristrip~~ Disposable sell	4	4	Ribbon gauze	1	1
Rocuronium	0/1+1	2	Underpad	1	1			
Glycopyrolate	01	1	Draw sheet	1	1			
Myopyrolate	01	1	Abgel					
Ondansetron	01	1	Foleys catheter 14	1	1	OA 2, 3	1+1	—
Pencan 25g/ Spinal Needle 22			Urobag	1	1	NA 28, 30	1+1	1
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			O2 mask (A)	01	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			N4 NG 10P		—
Antibiotics			Bandage			Atropine + Adrenaline	1+1	1+1
Supran	01	1	Tegaderm			Midaz + Lignocaine 1	1+1	1+1
Suppositories			Ioban			Lox jelly + Loxicard	1+1	1+1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Inj P.E	01	1
Supridol : 100mg	01	1	Vaccum Suction set	1	2	SCD boots S M L	1+1	1
Justin : 12.5 mg / 25mg / 100mg	01	—	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	2			
Sy 10cm + 100cm	1+1	1	Microshield	1	1			
Gauze + Glove [illegible]	5+5	2	Cotton Balls	1	1			
Deca + Tonex	1+2	1+1	Latex Gloves	10P	10P			
IV cath 20, 18	1+1	1	Ramdione Scrub					
Q-Site Splint 1/3	1+1+1	1	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9712374 .... Ordered by : ....

Doc. No. : RCH / FRM / GENERAL / 125

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6:05pm

ESTIMATION SLIP

Reapproval
C-38
Care Health

Date : 18/Jul/26 UHID / IP No. : BAH-PD600656 Sl No. 81201

Name of Patient : Mrs. Reena Agarwal Age: 43Y. Gender: F

Father's / Husband's Name : Mr. Ashish Agarwal Corporate / Occupation : Insurance

Address : ______ Phone : 9290093005 Email: ______

Procedure / Plan : LAVH

20/Jul

MODE OF PAYMENT : ☐ SELF ☐ TPA : Care Health → ☐ GIPSA: Aug-2023 / Prev Port ______ OTHERS

TARIFF INFORMATION : Dr. Sweta Agarwal (Surgeon here)

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges		—		✓ 13,240/day	— NA —					
Doctor's Fee										
L. Tax										

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T. Charges	Rs: (Struck) 81840 + (struck) 31440 + 12000/- OT
O.T. Consumables	→ 9500/- Subject to approval by TPA / Insurance Company
Instrument Charges	Coyaany: 10,000/- → Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	extra As per actual - Not Included in Estimation

Equipment Charges						
	Monitor :		Oxygen :		Infusion pump / Syringe pump :	
	Ventilator :	Conventional :		HFO-SLE 5000 :		HFO Sensormedix :
	Phototherapy :	Single Surface :		Double Surface :		Triple Surface :

Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	extra As per actual - Not Included in Estimation
Package	High end equipment : 15k-30k / per usage (Not Covered)
Others	
Initial Minimum Deposit	(struck) Nil & dues clearing..

IP: 456 / 20 / 24hr / 36k
est: 2.45L

REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
6. **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
8. Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

A non ST 80/100 @ 12 hr on exit.
PAC / Diet / ERP / Cardiac / ECHO

DECLARATION

I Ashish Agarwal have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

(Ubaidullah)

Signature of the Client	Signatory Relationship	Signature of the Financial Counselor
(signed)	Father	(signed)

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 : IP5-00176626 **Admit Date** : 20-Jul-2026 **Admit Time** : 07:56 AM **UHID** : BAH-00600656

Patient Details :

Patient Name	: Mrs REENA AGARWAL	**Age**	: 43 Y 1 M 25 D
Guardian	: Mr ASHISH AGARWAL	**DOB**	: 25-05-1983
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: FLAT NO 401, ADHINATH RESIDENCY, AGHAPURA, OPP JAIN BHAVAN Agapura Hyderabad Telangana INDIA 500001	**Phone No**	: 9290093005
		E-mail	: REENAAGARWAL.HYD@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : RC 406 **Ward Name** : 4F-GYN RECOVERY

Room No : RC 406 **Admission Type** : First Visit

Contact Details :

Name : Mr ASHISH AGARWAL **Relationship** : Husband

Contact Address : FLAT NO 401, ADHINATH RESIDENCY, AGHAPURA, OPP JAIN BHAVAN Agapura Hyderabad Telangana INDIA 500001 **Phone No** : 9290093005 / 9246154022

Signature

octor Details :

Doctor Name : Dr. SWETA AGARWAL **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : CARE HEALTH INSURANCE LIMITED

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00600656 IP5-00176626
Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

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

Date of Admission: _____ Time : _ _____ Time: _____

Room / Bed No : _____Ward : _____Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	9.25A	GYN	OT	Reey
20/7	11.30A	OT	GYN	Reey
20/7	3.45pm	GYN	338	Reey

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
20/7	Biopsy for HPE	BA 26072722	Jey
20/7	3pm GRBS: 81 mg/dl		Neey
20/7/26	GRBS 10pm → 76mg/dl	26072939	Satya
21/7/26	GRBS 6am - 70mg/dL		Satya
21/7/26	GRBS 12pm 113mg/dl	26073150	Shinish
21/7/26	GRBS 6pm (111 mg/dl)	26073299	Revathi

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	Cardiac monitor	11.30pm	3pm.	9712332	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/7	PAC			
20/7	I.V placement		97123331	[signature]
20/7	Catheterization			

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00600656 IP5-00176626
Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 20/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify ....

Primary Language: ☐ Telugu ☑ English ☑ Hindi ☐ Others, specify ....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify ....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify ....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes, identify ....

Chief Complaints: P2 L2 c/o continuing bleeding since 2 weeks

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr Divy

Time Notified: 8:30 AM

Past Medical History: Obtained From ☑ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) ....

Past Medical History	Past Surgical History	Previous Hospital Admission
Denovo prediabetic	LSCS Dec 2024	Nil

Gynecology Assessment: ☐ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: ☐ No ☑ Yes	Contraceptives: ☑ No ☐ Yes
....	Cervical Cerclage: ☐ No ☐ Yes	Vaginal Discharge: ☑ No ☐ Yes
Onset of Menarche:	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
Last Menstrual Period: 3/5/2026	Others:	If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G .... P 2 .... L 2 .... A ....

Previous LSCS: 1 LSCS

Current Medication: ☐ None ☑ Yes, If Yes, Fill the reconciliation form

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☑ Hypertension ☑ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other ....

Vital Signs / Measurements: Temp: 98.6°F HR: 76/mt RR: 20/mt

BP: 116/74 mmHg Weight: 83 kg Height: .... BMI: ....

Pain Assessment: Pain: ☐ Yes ☑ No (If Yes, complete the Pain Assessment / Reassessment Form)

BAH-00600656 IP5-00176626
Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☑ Yes ☐ No Score 35 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score 28 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..... Family .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... Mrs. SWETA AGARWAL.

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Rangini .....

Date & Time: 20/7/20 at 8.15Am.

BAH-00600656 IP5-00176626
Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 20/07/2026 Time of Admission :

Allergies: NKDA ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

P2L2 c/o continous bleeding since 2 weeks, similar complaints since 2 years.
Changing 3-4 pads/day.

Pt had D&C on 4/9/24 @RCH - HPE No atypia/progestational effect.

8/7/2026 (TVS): Uterus - AV, Bulky in size shows multiple (2-3) fibroids in ant. wall. Largest 26x23 mm.
ET - 12.5mm. Endomyometrial junction well made out.
Both ovaries-(N), RO - 14x12mm, LO - 17x13mm.
IMP - Bulky fibroid uterus + Thickened Endometrium.
10/09/24: Endometrial Bx - No F/O Atypia/Hyperplasia

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2003	Parity : P2L2
Previous Periods : Regular	Mode of Delivery : NVD, LSCS
LMP : 3/05/2026	Last Child Birth : 2006
Contraception : Nil	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil. → De novo prediabetes.	→ LSCS - 2006 → D&C - 2024 @ RCH

BAH-00600656 IP5-00176526
Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

Both parents - HTN/DM

MEDICATION HISTORY:

Tranexa, fe.

INITIAL ASSESSMENT :

Date 26/7/26

Ht. _____ Wt. _____

BMI _____

B.P 106/73(82) mmHg / HR - 78 BPM.

Pallor (+) (mild)

CVR S1S2 (+)

Respiratory System BAE B

Thyroid (N)

Breasts (N)

Abdominal Examination

Local/Speculum Examination

CX - healthy.

Bimanual Pelvic Examination

P/V - ut Bulky, mobile, fornices.

PROVISIONAL DIAGNOSIS : P2L2 / AUB - (LYM) / For TLH + BIL Salpingectomy.

INVESTIGATIONS ORDERED

BGT - O Positive.
Viral - NR
6/7/2026 : Hb - 10.3
WBC - 5,400
PLT - 3.20
inj. Ferm 500mg taken - 14/7/26.
14/7/26 - T3 - 124 / T4 - 9 / TSH - 3.240
HbA1C - 6.10 / Sr.Cr - 0.6
2D Echo - (N)

PLAN OF MANAGEMENT

- Admission
- IV Cannulation
- Drugs as charted.
- Written & Informed consent
- PAC
- Shift to OT on call
- Drugs on chart
- Reserve 1 (+) PRBC - Axon.

Name of the Doctor : Divya

Signature of Doctor

Date & Time : 20/07/2026.

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OPERATION THEATER NOTES

Patient's Name : MRS. REENA AGARWAL Age : 43Y Gender : ☐ Male ☑ Female

UHID No.: BAH-00600656 Weight : 83kg Height : .....

Surgeon : DR SWETHA	Asst. Surgeon :	
Anesthetist : DR Subramanian.	OT Nurse: B. prabhakar	OT Technician: Ramesh.

Pre-Operative Diagnosis: Multifibroid uterus c heavy menstrual bleeding

Surgical Procedure : Total laparoscopic hysterectomy + Bilateral Salpingectomy + adhesiolysis

Indications for Surgery : Heavy menstrual bleeding + multifibroid uterus.

Date : 20/7/26	Start Time : 9 AM	End Time : 11.05 A

Pre Operative Preparations:

Post Operative Diagnosis: Multifibroid uterus c heavy menstrual bleeding.

Peri-Operative Complications: —

Operation Notes: Four port laparoscopy done. uterus bulky. multifibroid. adhesions of bowel to anterior abdominal wall and left tube and ovary. Adhesiolysis done. Bladder pushed down. Right tube and ovary omental adhesions present. Adhesions released. Triligaments separated and bladder separated from UV fold and pushed down. Uterine pedicles and Mackenrodt's ligaments separated using ligasure, harmonic. Bilateral salpingectomy done. Both ovaries preserved. Vaullt opened and uterus

removed vaginally. Vault closed c 1-0 Vicryl. Haemostasis secured. Skin incision closed. c Vicryl. Pt tolerated procedure well. Specimen sent for HPE.

Amount of Blood Loss: 100 ml. | Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:

uterus, both tubes.

Peri-Operative Complications:

Post op instructions

1. NBM · 24 hrs · only after checking Bowel Sounds.
2. IV fluid 50ml/hr · - for 24 hrs [redacted] / RL.
3. Inj ceftriaxone + Sulbactum 12th hourly.
4. Inj Metrogyl 100ml IV 8th hourly.
5. Inj Pantop IV 12th hourly.
6. Inj Zofer IV 12th hourly.
7. Inj PCM IV 8th hourly.
8. monitor BP/RR.
9. Blood finger 6th hourly.
10. catheter for 24 hrs.
11. Inj Voveron 2cc - SOS · 8th hourly.

Name of the Surgeon: Dr. Sneha Agarwal.

Signature of the Surgeon: Sneha

Date & Time: 20/7/2026. 11:30 am.

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Total laparoscopic Hysterectomy c Bilateral Salpingectomy c adhesiolysis

Post-Surgical Diagnosis: Multifibroid uterus c heavy menstrual bleeding

Post-Operative Monitoring Parameters /Frequency: Blood Sugar 4th hourly.

Wound Care: —

Drain /Special Lines/Catheters: —

Special Patient Positioning and Requirements: —

Nutritional Instructions: Fasting 24 hrs. Tomorrow Oral sips of water if tolerating then call will instruct

When to Start Mobilization: — ~~from~~ After 24 hrs.

Special Referrals: —

The new order for all required medications documented in the doctor order/medication sheet:

☑ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon (Signature & Stamp) Sweta

Date: 20/7/2026 Time: 11:30 pm

Note: Plan of care will be readjusted if necessary.

BAH-00600656 IP5-00176626
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25-05-1983 43 Y 1 M 26 D (F)
Dr. SWETA AGARWAL

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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+1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet	1			
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	1			
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)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation	1			
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	3			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	10			
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				
		39			
	Total No. of Pages				

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 22/08/26

(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-00600656 IP5-00176626
Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 11:50pm	POD-0 / TLH + B/L salpingectomy + adhesiolysis.	
	O/E GC fair BP - 109/60mmHg PR - 81 BPM. SpO2 - 98% ↑ RA P/A soft	Adv ① NBM till 12:00pm 21/7/2026 ② IVF @ 80ml/hr till 12:00pm RL ③ Drugs as charted ④ Monitor Bp/PR/SpO2 1/2 an hour every 30 min ⑤ Blood sugar's 6th hrly (QID) ⑥ Inform SOS.
UO - 600ml emptied now		
	Foleys catheter till 21/7/2026 12:00pm	Dr-Divya.
	Noted	by Nagini
20/7/26 3:11PM	POD-0 / TLH + B/L salpingectomy + adhesiolysis	
	O/E GC fair BP - 110/70mmHg PR - 76 BPM SpO2 - 100% RA	Adv ① NBM till 12:00pm - 21/7/26 ② IVF till 12:00pm - 21/7/26 ③ Drugs as charted ④ Monitor vitals 4th hly ⑤ GRBS QID x 24hrs. ⑥ Inform SOS
UO - 200ml emptied now		
	→ foleys till 12:00pm 21/7/2026 → Shift to Room GRBS - 81mg/dL	Dr! Divya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 7:45pm	O/E Afebrile, vitals - stable, P/A soft nontender, L/E - NAD, U/O - adequate	Adv - NBM till further orders - drugs as per charted - vitals q1h - I/O charting - W/f active bleeding PV - Inform SOS. Dr Sameera
29/7/2026 8:30pm	POD-1 TLH. O/E Afebrile, vital-stable, P/A - soft, L/E NAD, BS (+). UO - 1550 (till 6:00pm). Flatus ✓. liquid diet - 10:00pm, soft diet - 11:00pm.	Noted by sister @7:50pm. Adv (1) NBM till 10:00pm (2) foleys removal @ 12:00pm (3) I/O charting (4) Drugs as charted (?) W/f active bleeding (5) Inform SOS. Dr. Divya. NB Shireesha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/2026 2:00pm	POD-1 / TLH + B/L Salpingectomy. pt comfortable.	
	O/E	
	GC fair	Adv
	vitals stable	1) soft diet
voided flatus ✓	P/A - soft.	2) Ambulation
		3) Hydration
	D2	4) Drugs as charted
	on inj. cefoperazone	5) w/f active bleeding
	inj. metrogyl.	6) Inform SOS
		Dr Divya
21/7/26	1st POD D2	
	Tem - 98.4°f	1, 2, 3, 4, 5
	Pulse - 90/mt	6) Dulcolax suppository (R)
	B.P 119/70	
	Ard sort BISt.	
	taken soft diet	
	Can be discharged on 22/7/26 morning	
		NB. Revathi 20/05/23

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8:15pm	POD-1 | TLH) BS /adhesiolysis	
	c/o Nausea	
		℞
	GC: fair	1) Inj ZOFER 4mg tlh } i/v
	vitals: stable	2) Inj PANTOP 40mg tlh } i/v
U✓	P/A: soft	3) Dulcolax ② tabs
f✓	BS ⊕	stat at 9 pm
	P/V: NAB	4) Monitor vitals q4h
		5) Drug as charted
	plan discharge by	6) w/f P/V bleeds
	tomorrow evening	7) Ambulation
		8) Fluids
		— Dr Sweta
22/7/26 9:30 AM	POD-2 | TLH + BS + adhesiolysis	
		℞
	pt: comfortable	
U✓	GC: fair	1) Drug as charted
f✓	vitals: stable	2) w/f P/V Bleeding
S/E✓	P/A: soft, BS ⊕	3) Ambulation
	P/V: NAB	4) Soft diet c plenty of
	plan discharge	oral fluid
		5/ Fluids SOS
		— Dr Sweta

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Blood group O+VE

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RESULT SHEET

Date	6/7/26					
Time						
Hb	10.3					
PCV						
RBC						
WBC	5,400					
N/L						
Platelets	3.20					
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						
HIV, HBSAg	-VE					
HCV						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: N/K/DA ☐ 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: GYN Shifted to: 338

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-TRAPIC	1tab	PO	1/D	19/7/26	☐ C ☐ DC
2	T-IRON	1tab	PO	OD	19/7/26	☐ 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 Shreya

Date & Time : 20/7/2026; 12:00pm

Nurse Name & Signature: Reeya Rej

Date & Time : 20/7/26 at 12:14pm

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DRUG CHART

Date of Admission: 20/7/2026 Drug Allergies: NKDA . ☑ 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 / 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 ....

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Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

REGULAR PRESCRIPTIONS

Weight. 83 kg Ward. ....

DRUG : INJ. METROGYL

Dose	Route	Frequency	Start Date
500mg	IV	TID	20/7

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

Additional Instructions:

Date ▸ 21/7, 22/7

Time ▾ 1AM, 8AM, 9AM, 6PM

Daily Doctor's Endorsement by a Sign

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1gm	IV	BD	20/7/2026

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

Additional Instructions:

STOP Dr. Divya 20/7/26

Daily Doctor's Endorsement by a Sign

DRUG : Tab. PARACETMOL

Dose	Route	Frequency	Start Date
1g	P/O	QID	20/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. K. SRIRAMYA

Additional Instructions:

STOP.

Daily Doctor's Endorsement by a Sign

DRUG : INJ CLEXANE

Dose	Route	Frequency	Start Date
40mg	S/C	OD.	20/7/2026.

Name & Signature of the Doctor Starting the Drugs: Dr. K. SRIRAMYA

Additional Instructions: x 8 day

Date ▸ 20/7/2026.

Time ▾ 11:30PM

Daily Doctor's Endorsement by a Sign

VERIFIED

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REGULAR PRESCRIPTIONS

Bed No: .... Weight 83 kg Ward ....

DRUG: INJ. PANTOP	Date / Time	20/7	21/7
Dose: 40mg; Route: IV; Frequency: BD; Start Dt.: 20/7/26	6Am	Not given	Mauthe Satya
Name & Signature of the Doctor Starting the Drugs: Dr. Divya	6Pm	free	free Revathi
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			[sign]

DRUG: INJ. ZOFER	Date / Time	20/7	21/7
Dose: 4mg; Route: IV; Frequency: BD; Start Dt.: 20/7/26	6Am	Not given	Mauthe Satya
Name & Signature of the Doctor Starting the Drugs: Dr. Divya	6Pm	free	free
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			[sign]

DRUG: INJ. PARACETMOL	Date / Time	20/7	21/7
Dose: 1gm; Route: IV; Frequency: TID; Start Dt.: 20/7/26	6Am	Not given	Mauthe Satya
Name & Signature of the Doctor Starting the Drugs: Dr. Divya	2Pm	Not given at OT	[sign] Revathi
Additional Instructions:	10Pm	7Pm free	Mauthe
Daily Doctor's Endorsement by a Sign			[sign]

DRUG: INJ-CEFOPERAZONE + SULBACTAM	Date / Time	20/7	21/7
Dose: 1.5gm; Route: IV; Frequency: BD; Start Dt.: 20/7/26	9Am	OT given	Shilpa Bhinda
Name & Signature of the Doctor Starting the Drugs: Dr. Divya	9Pm	Mauthe	Mauthe
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			[sign]

(P.T.O)

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25-05-1983 43 Y 1 M 25 D (F)
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VERIFIED

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Inj - TRAMADOL				Date / Time	20/7	21/7
Dose	Route	Frequency	Start Dt.			
100mg	IV	TID	20/7	6AM	Not given	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr Sameer				2pm	Not given	[illegible]
Additional Instructions:				10pm	Maithi	Maithi
Daily Doctor's Endorsement by a Sign						

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

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

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

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

BAH-00600656 IP5-00176626
Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

Weight. 83kg Ward. ....

E	Date► Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : T. TRAMADOL 100mg.	20/7/2026	Dose		Dose		Dose		Dose	
	.	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route TID / Start Date 20/7/2026		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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/7/26		Inj. CEFEPERAZONE + SULBACTAM	1.5gm	IV	[signature]	not given
20/7/26	11Am	INJ. PARACETMOL	1g	IV	[signature]	[signature]
20/7/26	11:05AM	INJ MORPHINE	6mg	IV	[signature]	[signature]
20/7/26.	11:23AM	INJ TRANAXAMIC ACID	1g	IV	[signature]	[signature]
		DULCO SUPPO	2 tab	P/R	[signature]	

BAH-00600656 IPS-00176626
Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

I.V. FLUIDS CHART

Weight. 83 kg Ward. .....

		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
20/7/26	8.15AM	RINGER LACTATE	IV	100ml/h			20/7		
20/7/26	7.30AM	NORMAL SALINE	IV	100ml/h			20/7/26		
20/7/26	10:30AM	RINGER LACTATE	IV	100ml/hr			20/7		
20/7/26	3pm	RINGER LACTATE	IV	100ml/h			21/7		
20/7/26		RINGER LACTATE	IV	100ml/h					

Signature

VERIFIED BY : Name

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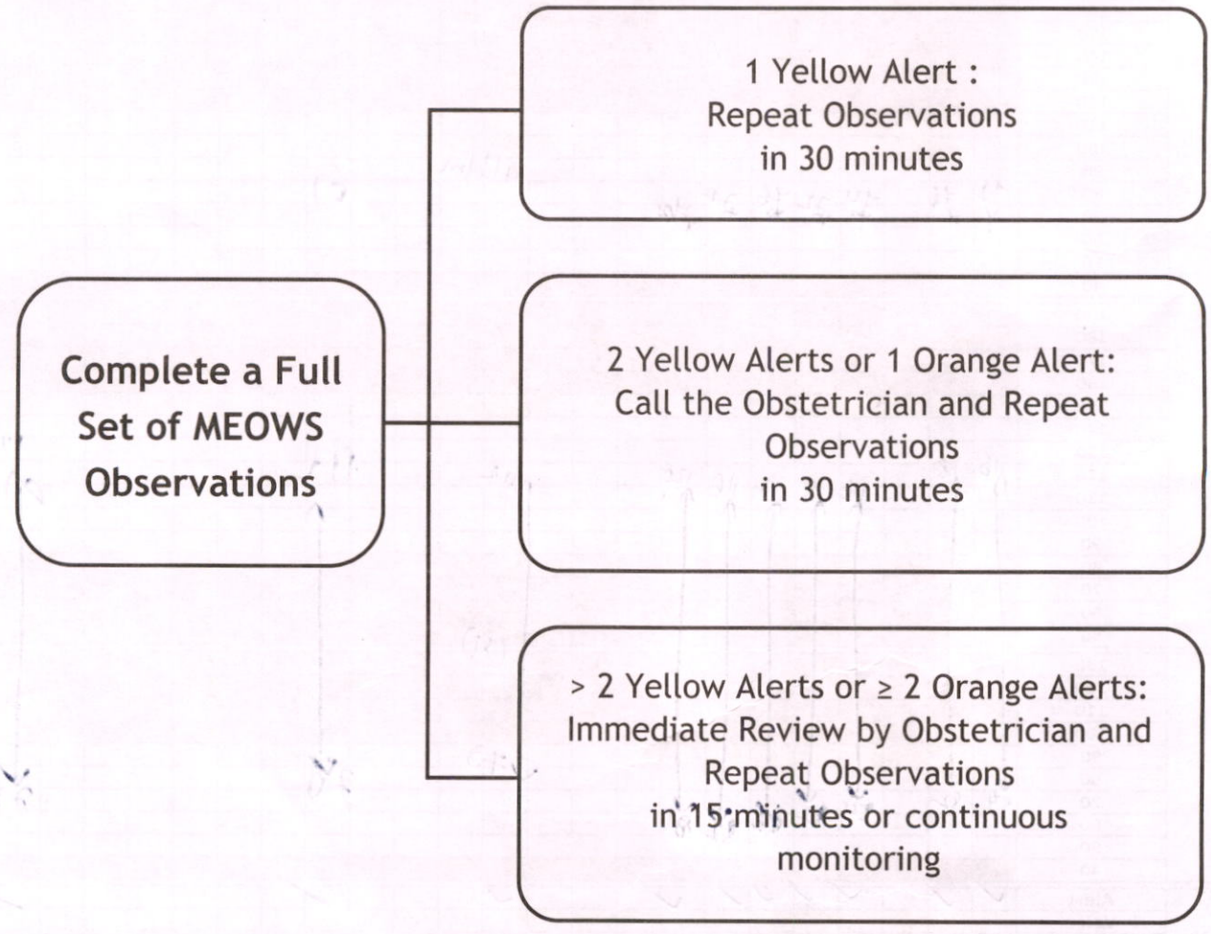
Early Warning Observation Score Chart - Obstetrics

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

20/7

		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	•	•		•	•	•	•	•					labim				19							19	
	0 - 10																									
Saturations	94 - 100 %	•	•		•	•	•	•	•					98%				99%							99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37	*	*		*	*	*	*	*					97.5°F				98.1°F							98.1°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	72	76		74	72	76	74	70					alblm				87								
	70	*	*		*	*	*	*	*																	
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	116	118		116	118	117	116	120					112				112							121	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	64	62		74	72	76	82	86					73				78							72	
	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		0	0		0	0	0	0	0					0				0							0	
TOTAL ORANGE SCORES		0	0		0	0	0	0	0					0				0							0	
Nurse Initial		R	R		R	R	R	R	R					R				R							R	

Obstetrics and Gynaecology Early Warning Signs



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

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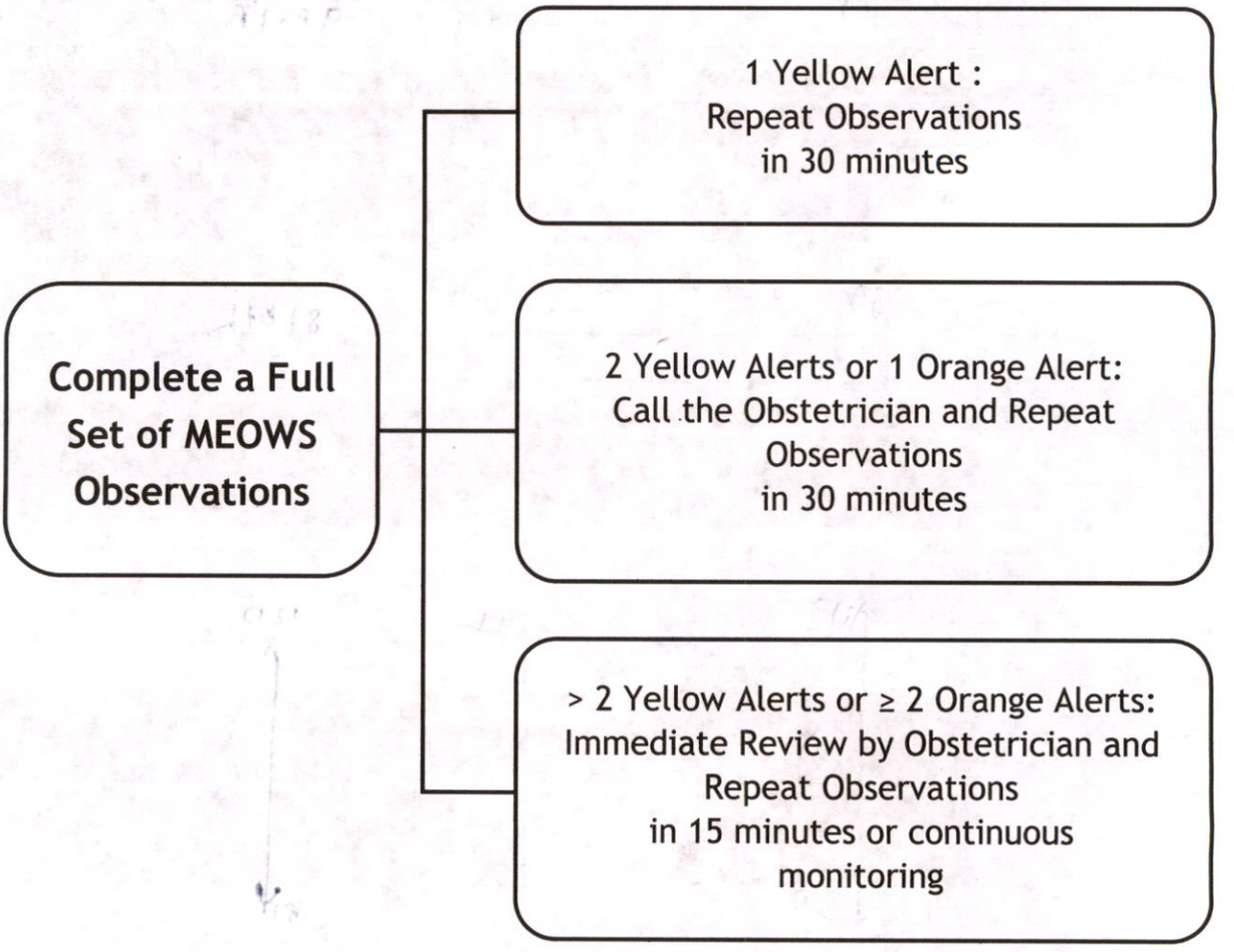
Early Warning Observation Score Chart - Obstetrics

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

25/3/26

		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				20								19bl/m				19								19	
	0 - 10																									
Saturations	94 - 100 %				99.								97%				99%								99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				38.1								99°F				98.1°F								98.9°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90				90								80bl/m				81bl/m								82bl/m	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				119								117				120								116	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50				(85)								(86)													
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80				70								73				80								70	
	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					0								0				0								0	
TOTAL ORANGE SCORES					0								0				0								0	
Nurse Initial					RA								RA				✓								✓	

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00600656 IPS-00176626
Mrs REENA AGARWAL
25-05-1983 43 Y 1 M 25 D (F)
Dr. SWETA AGARWAL

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 ....

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	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
	08:00 am	RL	N	100ml						✓	0	
	09:00 am		P	100ml							0	
20/7	10:00 am		O	100ml			0				0	A
	11:00 am			100ml							0	
	12:00 pm			100ml						500ml	0	[illegible]
	01:00 pm			100ml							0	
Total Intake :						**Total Output :**						
	02:00 pm	RL	N	100ml							0	
	03:00 pm		P	100ml						150ml	0	[illegible]
20/7	04:00 pm			100ml							0	
	05:00 pm	RL	O	100ml			NP				0	
	06:00 pm			100ml							0	[illegible]
	07:00 pm			100ml						300ml	0	
Total Intake :						**Total Output :**						
	08:00 pm			100ml							0	
	09:00 pm			100ml							0	
	10:00 pm	RL	N	100ml			NP				0	
	11:00 pm		P	100ml						900ml	0	Saty
	12:00 am		O	100ml							0	
	01:00 am			100ml							0	
Total Intake :						**Total Output :**						
	02:00 am			100ml							0	
	03:00 am			100ml						200ml	0	
	04:00 am	RL	N	100ml							0	
	05:00 am		P	100ml			NP				0	Saty
	06:00 am		O	100ml							0	
	07:00 am			100ml						500ml	0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	RL - 2,400ml	Total 24 hrs. Output	U - 1550ml

Docu. No. : RCHBH/FRM/CLINICAL/092

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FLUID CHART

Sheet No. : 21/7/26

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.

		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			100ml							0	
	09:00 am			100ml							0	
	10:00 am	RL	H2O	100ml			NP				0	Sunish
21/7	11:00 am		Idly	100ml						200ml	0	
	12:00 pm			100ml						100ml	0	
	01:00 pm			100ml							0	
Total Intake :						**Total Output :** M-0 U-300ml						
	02:00 pm	RL		100ml							0	
	03:00 pm	RL	H2O	100ml						✓	0	
	04:00 pm	—		-							0	
	05:00 pm	—		-			NP			✓	0	Revathi
	06:00 pm	RL	H2O	100ml							0	
	07:00 pm	RL		100ml						✓	0	
Total Intake :						**Total Output :** U2 M2						
	08:00 pm										0	
	09:00 pm										0	
	10:00 pm		H2O							✓	0	
	11:00 pm										0	Satya
	12:00 am									✓	0	
	01:00 am		H2O				—				0	
Total Intake :						**Total Output :** M-0 U-2						
	02:00 am										0	
	03:00 am									✓	0	
	04:00 am		H2O								0	
	05:00 am						NP			✓	0	Satya
	06:00 am										0	
	07:00 am										0	
Total Intake :						**Total Output :** M-0 U-2						

Total 24 hrs. Intake		Total 24 hrs. Output	M-1 U-2

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FLUID CHART

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		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							
22/7/24	08:00 am		food									
	09:00 am		H2O									
	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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			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**	