

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

BAH-00657920 IPS-00174667
Master SYED AAYAN ALI
21-04-2026 0 Y 1 M 13 D (M)
Dr. FAISAL B NAHDI

sultant: _____ Dept : _____

Date of Admission: _____ e of Discharge : _____ Time: _____



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

WARD TRANSFERS

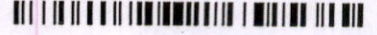
Date	Time	From	To	Signature of Nurse
03/06/2026	3:45 am	EL	139	Neeraj

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Pugh Sew	3/6/2026	OC 627	122
2				
3				
4				
5				
6				
7				
8				
9				
10				

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174667

Admit Date : 03-Jun-2026

Admit Time : 02:06 AM

UHID : BAH-00657920

Patient Details :

Patient Name : Master SYED AAYAN ALI

Age : 0 Y 1 M 13 D

Guardian : Mr SYED SAJJAD ALI

DOB : 21-04-2026 03:47 PM

Gender : Male

Religion :

Occupation :

Martial Status : Single

Address (H) : 13-6-436/5/B/6, ROCK HILLS COLONY
Tolichowki Hyderabad Telangana INDIA
500008

Phone No : 9550155160/ 8985625611

E-mail : nomailid@gmail.com

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW 139

Ward Name : 1F-GENERAL WARD II

Room No : GW 139

Admission Type : First Visit

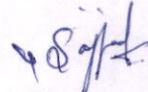
Contact Details :

Name : Mr SYED SAJJAD ALI

Relationship : Father

Contact Address : 13-6-436/5/B/6, ROCK HILLS COLONY
Tolichowki Hyderabad Telangana INDIA 500008

Phone No : 9550155160 / 8985625611



Signature

Doctor Details :

Doctor Name : Dr. FAISAL B NAHDI

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant : Dr. HARISH JAYARAM

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY



PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00657920 IP5-00174667

Master SYED AAYAN ALI

21-04-2026 0 Y 1 M 13 D (M)

Dr. FAISAL B NAHDI





Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/O Abdominal distension & vomiting
for 2-3 hours

History of present illness :

child was started on Aptamil-Pepiti
feeds today
↓

2 feeds he took well
later he started to develop abdominal
distension & vomiting
↓

On 12/05/2026 child was admitted at
Shalini hospital 12/10 AGE with severe
hypernatremic dehydration with deranged
RFT with severe metabolic acidosis
with probable sepsis with respiratory
distress & was mechanically ventilated
for 3 days
↓

was on Isomil feeds, Meropenam, Furozole
& other symptomatic & supportive care
TOOK 2 AMA on 21/05/2026
↓

Re-admitted on 28/05/2026 11/10 AGE
dehydration with probable sepsis
was on Meropenam, Furozole & supportive
care → TOOK 1 AMA on 01/06/2026



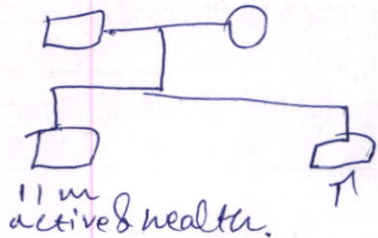
Pediatric Multiorgan History & Physical Examination

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

2 admissions as described in history

Birth & Neonatal History:

late PT / 36+4 / LSES / 3kg / CAB



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} lower middle class

Developmental History :

Immunization History :

Birth to only took BCG.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 3.86 kg (Centile _____)

On Examination :

Temperature : 98.4^oF Pulse Rate : 142 bpm B.P. 84/50 mmHg SPO2 100% RA
Resp. rate and type of breathing : 42 br/min

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : _____ B/L AER, clear
Any added sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : _____
Heart Sounds : _____ S1S2
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : _____ Tense, distended, BS
Auscultation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: sepsis, dyselectrolytemia, Shock.

Desired goals of the treatment: Hemodynamic stability

Planned Labs:

- X-ray abdomen erect
- CBP, VBG (op basis)
- CRP
- Blood c/s
- RP2
- Extra plain
- CXR
- CSF
- USG abdomen
- NSG

Planned Management

- IVF: D5W ISO-P @ 24 ml/hr
- INS. PIPITAG 380mg IV BID
- INS. ESDOMEPRAZOLE 4mg IV BID
- NPO Till further order
- NG + tube keep NG tube open
- Active NG aspiration q 2 hourly
- (- Continuous monitoring NB history)

Signature of the Doctor: Neelk.
 Name of the Doctor: Dr. Wandan
 Date & Time: 03/06/2026, 1:45AM

Signature of the Consultant: [Signature]
 Name of the Consultant: Dryju
 Date & Time: 3/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/06/2026 8:30 AM	S/B / Resident (Dr. Nandan)	
	D: Abdominal distension ↓ Evaluation ? CMPA	Adv
	- On Room Air - Hemodynamically stable	- NEB. LEVOLIN 0.31 3 doses back to back - NPO till further
	- Abdominal distension ⊕ PA - Tense	Keep N4 tube open
	- Leucocytosis ⊕ - Thrombocytosis ⊕ - Eosinophilia ⊕	- Active N4 aspiration q 2 hourly
	- watery stools ⊕ ↓	- Continue IV fluids (IV - 150 cc/kg/day)
	3 episodes since yesterday 2 episodes watery not in large quantity	- Continue medications as charted.
		- USG abdomen } today hold NSG
		hold - send CSF - True CUR, Bloods

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/26 9:30am	C/S/B Dr. Ujjwala	
	Imp: <u>CMPA</u>	
		Adv.
		- USG abdomen
		- Send CSE.
		- Dr. Poushya consultation today.
		↓
		→ R/v cyclical feeds
		+ elemental formula.
03/06/26	C/D/w Dr. Poushya Mann	
9:45AM		Plan
	Δ: Abdominal distension	
	↳ Evaluation ? CMPA	- USG abdomen - New
		- S.r. Albumin in same sample
		Health:
		(Dr. Nandan)



CROSS CONSULTATION FORM

Doctor Name: Dr. M.N.V. Poushya Sai Date: 3/6/26 Time:

Diagnosis:

Hospital:	Type of Referral : <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Non Urgent
Referred for : <input checked="" type="checkbox"/> Opinion <input type="checkbox"/> Co-Management <input type="checkbox"/> Transfer of care	

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

feed intolerance

Signature:

Findings and Recommendations :

started on aptamil pepti
yesterday
↓
Abdominal distension &
vomiting (non bilious)
Stool } passing.
flatus }

NM, late PT (36+4) / LSCS
3kg
current wt: 3.8kg

Plan:

- ① aptamil pepti 45-50ml Q2H.
- ② Domstal suspension (1ml/1mg) 1ml TID
- ③ Nurofen sachet 10mg disolve 1/2 sachet in 5ml & 3ml water

O/E: Asleep
P/A: soft non tender
BS(1)

8 weeks

USG abdomen: Bowels: (N)
TMS, GCMS: (N) no hypoglycemia

Consultant :

Name : Dr. Poushya Signature : [Signature] Date & Time :

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 Dr. FAISAL B NAHDI



RESULT SHEET

Date	03/06				
Time	3:30AM				
Hb	10.2				
PCV	32				
RBC	3.52				
WBC	26,920				
N/L	47/34.2				
Platelets	8,4,000				
CRP	5				
ESR	Eosinophils - 12.1%				
PCT					
RBS					
Na	134				
K	5.7				
Cl	100				
Ca/Mg					
Phosphate					
Urea	31				
Creatinine	0.3				
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	24				



outside

RESULT SHEET

BG → ⊕ Positive

Date	12/5/26	14/5/26	15/5/26	16/5/26	19/5/26	28/5/26	30/5/26
Time							
Hb	16.9	13.1			13.2	11.4	10.5
PCV	53.1	34.7			36.7	34.9	30.9
RBC	5.2	4.1			3.8 4.2	3.7	3.5
WBC	48,100	31,200			32,100	22,300	14,600
N/L	65/18	65/22			47/35	33/52	31/53
Platelets	7,60,000	4,10,000			2,90,000	7,30,000	5,90,000
CRP	21	42		29	40	56	12
ESR							
PCT							
RBS							
Na	151		145	143		142	
K	5.6		2.5	3		6.4	
Cl	125		112	105		107	
Ca/Mg							
Phosphate							
Urea	112	107		61	30	36	
Creatinine	1.5	1.3		0.9	0.5	0.2	
ALP	312	96					
SGPT	22	62					
SGOT	42	24					
T.Bill/Conj	0.8/0.5	0.5/0.2					
T.Protein	7.5	5.5					
S.Albumin	4.5	2.8					
S.Globulin	3	2.7					
A/G Ratio	1.5	1					
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate			18.9				
S.Cholesterol							
PT/INR							
APTT							
CSF Protein / Sugar							
Cells							
N/L Ionic Ca	1.04						

Date	12/5/26	28/5/26		
Time				
CUE - Alb		++		
CUE - Sugar		-		
CUE - Ketones		-		
CUE - PUS Cells		2-3		
CUE - RBC Cells		2-4		
CUE Epi cells		1-2		
Uric acid crystals		++		
Stool Pus Cell	2-4	4-6		
OVA / Cyst	-	-		
Occult Blood	-	-		
RBCs	1-2	-		CSF analysis (13/5/26)
Fat globules	++	+		
Bacteria	+	-		
Mucus	Present	Present		
Stool for reducing substance	Negative	Negative		
				Glucose - 135
				Protein - 305
				cells -> 4 cells/mm ³
				(All lymphocytes)
				RBC -> 20-25 /hpf

Culture and Sensitivities : B. blood c/s -> 12/5/26 sterile after 48 hrs

CSF PAN VIRAL MENINGITIS PANEL -> Negative }
 CSF for Gram stain -> No bacteria seen } 13/5/26
 CSF c/s -> Sterile after 48 hrs

Blood c/s -> 28/5/26 -> sterile after 48 hrs

Radiology : ~~USG~~ ^{13/5/26} USG -> Grade - I germinal matrix bleed on the side

X-Ray :

(14/5/26) -> ECHO : -> ?FO (+) / otherwise normal study

CT : Advanced NBS -> Normal

MRI Urine GCMS -> mild to moderate elevation of thiodiglycolic acid, hippuric acid, 4-hydroxyphenyl lactic acid

Others (ECG, Contrast Studies etc.,) :

13/5/26 -> USG abd -> B/L Renal Parenchymal changes

AA BR -> 21/4/26 -> Normal

Patient Sticker

Syed Ayaz Ali

Sheet No:

REGULAR PRESCRIPTIONS

Weight ... 3.8 kg Ward

DRUG : NEXPRO Sachet				Date Time																
Dose	Route	Frequency	Start Dt.																	
1/2 sachet	PO	OD	3/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Sachet = mix 1/2 sachet 10mg in 5ml water, give 3ml.																				
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																				

Signature
VERIFIED BY: N...



DRUG CHART

Date of Admission: 3/06/2026 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. 3.86 Kg Ward.

DRUG : <u>INS. PIPITAZ</u>				Date/Time	<u>3/6</u>
Dose	Route	Frequency	Start Date		
<u>380mg</u>	<u>IV</u>	<u>q 8hrly</u>	<u>03/06 6AM</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Nandan.</u>				<u>4:30am</u> <u>6AM</u> <u>2pm</u>	
Additional Instructions:				<u>10pm</u>	
Daily Doctor's Endorsement by a Sign					

DRUG : <u>INS. ESOMEPRAZOLE</u>				Date/Time	<u>3/6</u>
Dose	Route	Frequency	Start Date		
<u>4mg</u>	<u>IV</u>	<u>q 24hrly</u>	<u>03/06</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Nandan.</u>				<u>4:30AM</u> <u>6AM</u> <u>made oral</u> <u>Sahithi</u> <u>3/6/26.</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>INS. ONDNSETRON</u>				Date/Time	<u>3/6</u>
Dose	Route	Frequency	Start Date		
<u>0.5mg</u>	<u>IV</u>	<u>q 8hrly</u>	<u>03/06</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Nandan.</u>				<u>6am</u> <u>7pm</u> <u>10pm</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>DOMSTAL Suspension</u>				Date/Time	<u>3/6</u>
Dose	Route	Frequency	Start Date		
<u>1ml</u>	<u>PO</u>	<u>TID</u>	<u>3/6</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Sahithi</u>				<u>6am</u> <u>10pm</u>	
Additional Instructions:					
<u>(1ml/1mg)</u>					
Daily Doctor's Endorsement by a Sign					

VARIABLE DOSE		Date Time	Nurse Sig.	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.

VARIABLE DOSE		Date Time	Nurse Sig.	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
			LEVOLIN			
03/08	8.30AM	LEVOLIN TABS	0.31 mg	1/2 respale ↓ 3 doses back to back	<u>Narath</u>	Narath Sruvanthi

Signature
VERIFIED BY: Narath

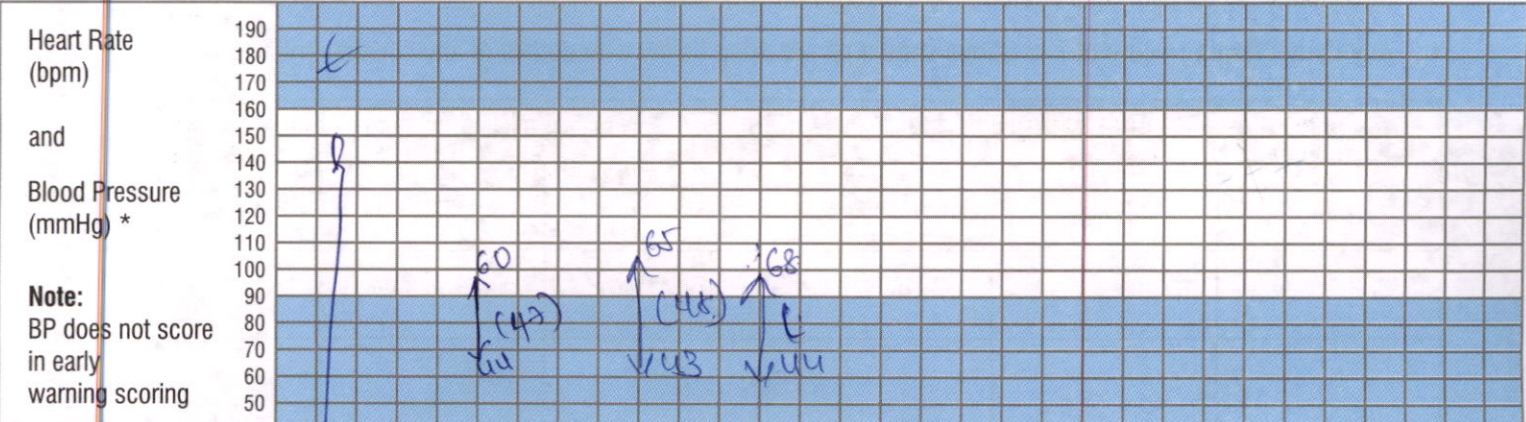
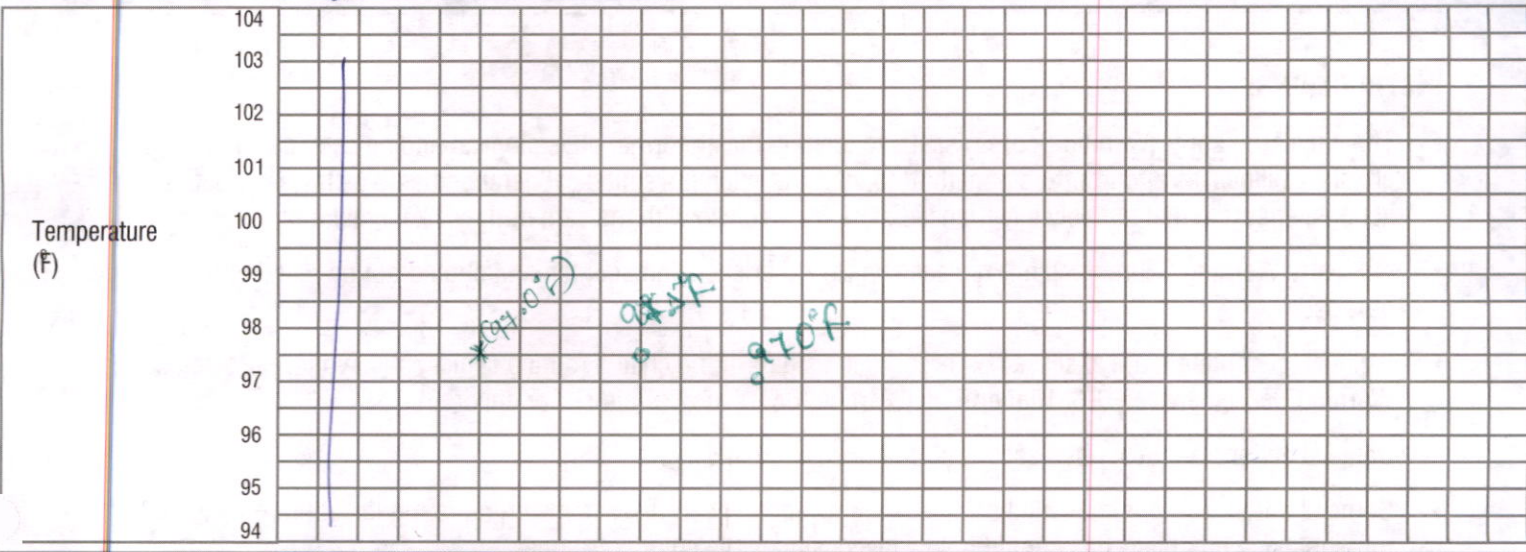


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 03/6 Time: 4 am 6 am 10 am 1 pm

Doctor/Nurse/Family Concern? 4 am 6 am 10 am 1 pm



Heart Rate (Number) 158 bpm 135 bpm 130 bpm



Resp Rate (Number) 40 bpm 38 bpm 36 bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min) RA RA RA
 O₂Saturations (%) 97% 97% 98%

Conscious Level Normal / Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE	4 am	6 am	10 am
Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials			

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

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 Dr. FAISAL B NAHDI



FLUID CHART

Sheet No. 1

- 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			NG	Output				IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G		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	↑	npo	2uml		FR				0		784	
	05:00 am	10%		2uml			✓			0		784	
	06:00 am	Isop		2uml			✓			0		784	
	07:00 am	↓		2uml		0.1ml				0			
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

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FLUID CHART



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
03/06/26	08:00 am			20ml							0	B. Saad B. Saad B. Saad	
	09:00 am			20ml							0		
	10:00 am	UOP		20ml			✓				0		
	11:00 am	UOP	milks	20ml							0		
	12:00 pm		milks	20ml							0		
	01:00 pm			20ml							0		
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 []