

Mr. DINESH KUMAR CHIRLA



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(Father) willing
St. L.

New Born Screening	
TFT	
OAE	
Mother's Blood Group	
Baby's Blood Group	
Anomaly Scan	
Vaccination	

Benjamin Hef TS
Date on
Signature 2/17/16
et

(P.T.O)

[illegible]

ADMISSION SHEET


Registration Details :

Admission No : IP5-00176587 Admit Date : 18-Jul-2026 Admit Time : 08:46 PM UHID : BAH-00662116

Patient Details :

Patient Name	: Baby Of MUBEENA AFEEN FATIMA	Age	: 0 D
Guardian	: Mr SHAIK IMTIYAZ UDDIN	DOB	: 18-07-2026 08:01 PM
Gender	: Male	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: FLAT 204, H NO: 12-2-837/C/1/204, SRI RAM NAGAR COLONY Mehdiapatnam Hyderabad Telangana INDIA 500028	Phone No	: 8686525149/
		E-mail	: 8686525149@gmail.com

Admission Details :

Bed Type : BASINET Bed No : CRDL-SW-415-1 Ward Name : 4F-BIRTHING CENTRE
Room No : CRDL-SW-415-1 Admission Type : First Visit

Contact Details :

Name : Mr SHAIK IMTIYAZ UDDIN Relationship : Father
Contact Address : FLAT 204, H NO: 12-2-837/C/1/204, SRI RAM Phone No : 8686525149 / 8686525149
NAGAR COLONY Mehdiapatnam Hyderabad
Telangana INDIA 500028


Signature

Doctor Details :

Doctor Name : Dr. DINESH KUMAR CHIRLA Specialisation : NEONATOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

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

BAH-00662116 IP5-00176587
Baby Of MUBEENA AFEEN FATIMA
18-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. DINESH KUMAR CHIRLA



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

BirthRight™
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ACTIVITY RECORD FOR BILLING

Name : B/o Mubeena Afeen

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/7/20	12-300	NICU	300 / 1000	

Cross Consultation Visit

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

[illegible]

Signature

b

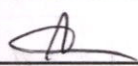


Revathi

Shinshu

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/1/26	IV placement	(1)	9910318	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Mubeena Afeen Age : Father's Name : Age :
Date of Birth : fatima Date of Admission : UHID No. :
NICU Consultant : as per sala Referring Consultant :
Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward
Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Mubeena Afeen Afeen Mother's Blood Group :
Gender : ☒ M ☐ F Blood Group : fatima Birth Weight (gms) : 8.131 Length (cms) :
Date of Birth : 18/7/26 Time of Birth : 8:01 pm OFC (cms) :
Place of Birth : ACH Banjara Estimated Gesth Age : 37+2

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28y Ht : Wt : BMI : Married Life : LMP : 30/10/25 EDD : 6/3/26

Conception : Spontaneous or with Rx : OI conception

Booked at what GA : 13+3 weeks AN Steroids Drugs / Doses :

Last Scans Details : 18/7/26 - 37+2 breech, AFI = 2.5

↑ Resistance in Umb A + EDF 3.391 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs X

Consanguinity : ☐ Yes ☐ No X

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

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : X

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

IUGR - when detected : ↑ Resistance in

Doppler (Increased Resistance / ADEF / REDF / Umb. A

Redistribution in MCA / Ductus Venosus :

AFI : 2.5 cm Oligo

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

Controlled or not, recent values, HbA1 values :

Compliance with Rx : X

Scans : LGA (N) TIFFA (N) Fetal Echo : FTS - (N)

H/o Hypothyroidism : when diagnosed ? Medication?

Any other Chronic Medical Problems, when detected

drugs ? Breathless at 34+6

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

Infection : H/O Fever was gastro ent - 36+2

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

UTI : when : Any culture : CRP = 23

NBC = 13.05

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

Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

G : P : A : L :

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

PERINATAL HISTORY

Treating Obstetrician : Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☒ Emergency Indication

Specify the reason :
• Oligony diamnion
• ↑ umb. A. pressure

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL :

Resuscitaion : ☒ Yes ☐ No

Cord ABG : 7.26 / 56.8 / 2.2 / 1.2 / 20.5

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
1	2	
1	2	
1	2	
6/10	9/10	

TOTAL

Snapee II Score

Score

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

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Baby was delivered into Oligohydramnios
 Tned resistance in Umb. A, breech presentation.

↓
 Baby delivered by ACS

↓
 Baby had weak cry, limp at birth
 ↓
 Stimulation, suction done while
 performing delayed cord clamping

↓
 Cord clamped @ 30sec

↓
 Baby was limp, HR ≈ 100

↓
 PPV $\frac{1}{2}$ T-piece Resuscitator
 given for 30sec

↓
 Baby cried, Tone improved
 HR > 100 /min $\rightarrow$ Baby had RD
 + retractions

Investigation details in previous Hospital :

↓
 Started to
 breathe

↓
 Improved
 in retraction

Feeding History :

↓
 Into persistent
 Tachypnea
 ↓
 Baby shifted
 to NIV



Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.6 HR : RR : NIBP : CFT :

Color of the extremities : acrocyanosis

Jaundice : Pallor : SpO2 : 98%

ANTHROPOMETRY: Birth Weight : 3131 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :



HEAD TO TOE EXAMINATION

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

(N)

FACIES :
 (Any Facial
 Dysmorphism)

(N)

**NECK and
 CLAVICLES :**

Range of Motion :
 Asymmetry :
 Masses :

(N)

EYES :

Symmetry :
 Red Reflex :
 Discharge :

- Needs to be seen

**EARS, NOSE
 MOUTH and
 THROAT :**

Ear set / Shape :
 Periauricular Pits / Tags :
 Nasal shape / Patency :
 Palate :
 Gums :
 Lips :
 Tongue :

(N)

No cleft

**THORAX and
 BREASTS :**

Shape of Thorax :
 Position of Nipples and Number :

(N)

**ABDOMEN and
 UMBILICUS :**

Shape :
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump :
 Discharge :

(N)

2A1V

GENITALIA :

Labia / Hymen :
 Testicles/penis :
 Anus :

(N)

male genitalia
 b/t testis descended

HERNIAL ORIFICES

free

TRUNK and SPINE :

(N)

SKIN LESIONS :

(N)

EXTREMITIES :

Fingers / Toes :
 Deformities :
 Hip Joint Examination :

(N)

Arms / Legs :
 Mobility :

(N)



SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: SCR / ICR / See - Saw breathing:

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

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

Settings :

SpO₂: Auscultation: Breath Sounds: Added Sounds:

B/L EAF

Occasional grunt

Non hypoxic

Mild SCR, tachypnea

Down's - score - 4

↓
later improved to 3

CARDIOVASCULAR SYSTEM :

HR : 140 BP :

Precordial Activity :

Femoral Pulses : 1 gao

Murmurs : N

Other Peripheral Pulses :

Signs of Cardiac Failure :

ABDOMEN:

Shape : N

Hernia orifice : free

Palpation : N

Anal Patency : patens

Palpable masses :

Umbilical Cord : 2A 1V

Abdominal girth :

First urine passed :

Meconium passed :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness : N

Prechtle Score :

Nerves :

MOTOR SYSTEM:

Passive Tone : N

Active Tone :

Neonatal Reflexes :

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

Moro's : N DTR : N

ATNR : N Skull and Spine : N

Any Co



So goase Cong. anomaly

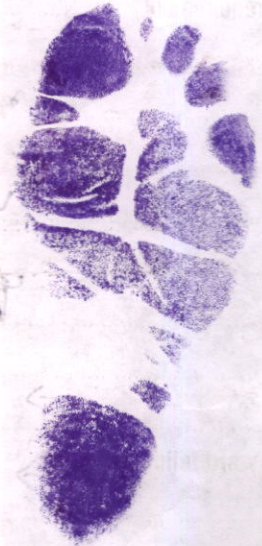
Diagnosis : Term / (37+2) / AHA (3.131) / Male / breech
Delayed transition / Resp distress (?TTNB) / malnatal
oligohydram / ↑ umb resistance / mild fever @ tachycardia

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name : Rupanjali

Date & Time : 18/7/26

Consultant :

Signature :

Name : DR. DINESH KUMAR CHIRLA

Date & Time : 18/7/26

Registration No: 66227

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
2. Name of the referring Hospital :
Address :
Contact Numbers :
3. Contact Details of the referring Doctor :
Mobile No. : E-mail ID :
4. Name of the Doctor in Rainbow Team :
..... on whose name the patient is being referred.



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Neonatal condition at the time of Transfer:

Vital : HR : RR : BP : SPO2 : Weight :

Any Oxygen requirement : Plan

Systemic :

Medications :

- shifted to NICU for observation
- Low flow O2 - SO2.
- TV - 60 cc/kg/day → ~~60~~ 16 ml
off shuntly 1.0h feeds

Plan during ward follow up :

→ W/F tachypnea, distat
→ R/V CBP, CRP @ 24hrs. 12hams

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Doctor Signature (Handover Given): Doctor Signature (Handover Taken):

Doctor Name: Doctor Name:

Date & Time: Date & Time:



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	4			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet	1			
9	General consent for treatment	1			
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				
17	Consent for Formula feed	1			
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	4			
30	Intake and Out take chart (fluid chart)	3			
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
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	1			
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note	10			
43	BP Monitoring chart				
44	RBS monitoring chart	1			
Total No. of Pages		38			

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 12:15 AM	<u>Shifting notes</u>	
	Stable - on room air	<u>Plan:-</u>
	Mother - 99.9°F just before delivery, CRP - 23 Membrane - intact	- continue TV - 60ml H ₂ O/day ↓ Full paladai feeds ↓ 15ml feeds 2nd half / Df 2nd half flb bumping
	Blood clt - sent	- RBC 12th hourly - Trace blood group - Trace blood clt & Plv antibiotic
	Noted by Dr. Dinesh at 12:15 AM	Plv to send NP, at 24 Hrs.
		- shift to room - Dress the baby. <i>Amal</i> - Warmth care

BAH-00662116 IP5-00176587
Baby Of MUBEENA AFEEN FATIMA
18-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. DINESH KUMAR CHIRLA



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



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BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/27/20 6pm		
	<u>U/B - excellent</u>	
	2240L 37 ⁺ 2 wk (3.131g)	
	delayed transition clapper maintain	
		<u>plan</u>
	Baby on room air hemodynamically stable → warm care. U+A - good → DBP - 2 nd hls → keep peripheral warm → NR, @ 8pm paced well → continue inj Pintag. [retail] → Trace Blood cl → monitor vitals Inform SOs	
		Pain

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/11/26 8:00 am	as/B Resident	
	36HOL 37 th AGA 3130g Em LSCS delayed transition Oligo hydramnia	↑ V.A resistance
	m Bt B Bt	Plan SBR-7.6mg/d @ 12h ROC
	U L m L	① DBF 2nd help Hb kmap
	Twel 3106g (2' ↓)	② SBR NBS OAE
	Euthemic Euglycemic Cry tone activity } good	③ NP-1 trace ✓ ④ continue Sij Piptaz.
		⑤ GRBS 12 th help
		⑥ OAE } today. NBS }
		⑦ monitor vitals
		⑧ Trace Soheh Bld clc
		⑨ RW Piptaz.
		NBS SBR 11m
		⑩ of discharge today
		SKIN test before

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	<u>Lactation notes:</u>	
	- been	
	- colostrum fully seen	
	- Suck not active	
	<u>Advice:</u>	
	- Breast breast feeding	
	- dem for deep latch as experienced	
	- counselled about expressing milk	
		<i>[Signature]</i>
20/7/26	<u>Afternoon rounds</u>	
	44404 37 ⁺ 2 AOA 3.13kg Delayed Transition	
	Baby on Room air	Plan
	Accepting feeds well	1. Stop IV antibiotics ✓
	St/e ⁺ Euthermic	2. CRBS 12th hourly
	Euglycemic	3. NBS 7 AM ✓
	cy } Good	4. DBF 2nd hwy flb Surgery
	Tone } Good	5. vital monitoring 7th hwy
	Activity } Good	
	CRT < 3sec	
	Peripheries: warm	
	Blood cl → No growth	
	family Hx → Autism in cousin	<i>[Signature]</i>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26	Seen by <u>Dr. Vineela</u>	
	Blood clots → 24 hrs magnum	Plan 1. stop antibiotic 2. SBR - 7 AM MRI
		3. Remove IV catheter
		dry sai
		noted by <u>saiya</u>
24/7/26	<u>CS/B Resident</u>	
	60 HCL 37 th 3/30g Em LSCS delayed transition ↓ oligohydramnios → ↑ D.A resistance	
	m/B ⁺ u/✓ (4) B/B ⁺ m/✓ (4)	Plan SBR-12.9
	Wt → 3064g (2.4)	① Trace SBR, Bld clots 48hrs
	3106g → 3064g (40g ↓)	② OAE today
	Euthemic	③ DBF Q ₂ H
	Euglycemic	④ Monitor vitals 7th
	cy tone } good	huly
	activity }	Sohib
	Bld clots - 24 hrs NG	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by Resident
	cut off 13	→ SSP.T with eye & genital care → DBf 2nd hourly flb Burping
	Seen by Dr. Dinesh	1) SSP.T eye & genital 2) vaccination CBG, OPV, Hepatic B
		OAE - New born hearing screen Bilateral responses are present Bilateral Pass
21/7/26 5pm	Afternoon rounds Baby on Room air ongoing phototherapy Euthermic Euglycemic Cry. } Good Tone } Active } passed urine & stool Peripheries: Warm	Plan 1. DBf 2nd hourly flb Burping 2. SSP.T with eye and genital care 3. vital monitoring such 4. SBR (11am-7am)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 8:00am	C/S/B Resident	
	DOL - 4 2/30 37+2 Em LSCS	delayed transition. Plan SBR - 10.7 ^{0.1} 10.6 12.9 → 10.7
	Twt → 2969g (5%↓) 3064 → 2969 (95g↓)	① SSPT with eyes & genitals covered.
	Euthermic	
	Euglycemic	② DBF fib bup
	on Phototherapy	③ Trace SBR - 10.7
	cy } good	④ monitor vitals
	Done	
	activity	<u>Solulu</u>
	S/B Dr. Dinesh sir	
		① Plan d/c today
		② Continue feeds
		③ Stop SSPT
		④ RLV Friday.
		⑤ new born care
		⑥ NBS ^{reports} to collect
		on flu.
	DR. DINESH KUMAR CHIRLA Registration No: 66127	

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BREASTFEEDING HISTORY FORM

Reason for consultation: Counseling from mother

- | | | Day | Night |
|---|---|---|--------|
| 1. Baby's feeding now (ask all these points) | Breastfeeds <u>Yes</u>
How often <u>2-2 1/2 hrs</u>
Length of breastfeeds <u>15-20 mins</u>
Longest time between feeds (time mother away from baby) <u>2-2 1/2 hrs</u>
One breast or both breasts <u>Both</u>
Complements (and water) <u>No</u>
What given
When started
How much
How is it given | Pacifier (Yes / <u>No</u>) | |
| 2. Baby's health and behaviour (ask all these urine output (more/less than points)) | Birth weight <u>3.131 Kg</u>
Premature <u>No</u>
Urine output (more/less than 6 times per day)
Stools (soft and yellow/brown; or hard or green; frequency)
Feeding behaviour <u>Yes</u>
Illnesses | Weight now <u>3.06 kg</u>
Twin
Abnormalities | Growth |
| 3. Pregnancy, birth, early feeds | Antenatal care (attended/not)
Delivery: Normal / C-section
Rooming-in Yes / No
Prelacteal feeds Yes / No (If Yes,) What given
Formula samples given to the mother Yes / No
Postnatal help available for breastfeeding Yes / No | Breastfeeding discussed? Yes / No
Early contact (First - 1 hour) Yes / No
Time first breast feed (if not within 1st hour) <u>Yes</u>
How given | |
| 4. Mother's condition and family planning | Age <u>28 years</u>
Family planning method | Breast condition <u>Normal</u>
Motivation to breastfeed <u>Yes</u>
Alcohol, smoking, coffee, other drugs Yes / No | |
| 5. Previous infant feeding experience | Number of previous babies <u>2</u>
How many breastfed
Any bottles used | Experience good or bad <u>Good</u>
Reasons | |
| 6. Family and social situation | Working / Home maker
Father's attitude towards breastfeeding
Other family members attitude towards breastfeeding
Help with child care
What others say about breastfeeding | Literacy status <u>Educative</u>
<u>Positive</u>
<u>Counselled about DB</u> | |

Lactation Consultant:

Signature: _____ Name: _____ Date & Time: _____

LACTATION ASSESSMENT FORM

Mother's details: Mrs. Afeen Fatima

Baby details: B10 Afeen Fatima

Delivery: Vaginal ☐ Cesarean ☒ Vacuum ☐ Forceps ☐ Gravida G1 GA 37+2 weeks

Reason for Visit: BF rounds ☒ Doctor Reference ☐ Patient Request ☐

BF previous baby: no Previous BF difficulty: no

Present Lactation:

Colostrum: Yes ☒ No ☐ Breast: Normal ☒ Engorged ☐ Soft ☐ Tender ☐

Nipples: Flat ☐ Inverted ☐ Everted ☒ Direct BF: Yes ☒ No ☐

Expressed / Pallada feeding: Yes ☐ No ☐

LATCH Assessment:

	0	1	2	SCORE					
				D-1	D-2	D-3	D-4	D-5	D-6
LATCH	Too sleepy not sustained LATCH / suck	Repeated attempts for suck / latch Hold nipple in mouth	Grasps breast tongue down lips flanged Rhythmic sucking	1	1				
AUDIBLE SWALLOWING	None	A few with stimulation	Spontaneous & Intermittent	1					
TYPE OF NIPPLE	Inverted	Flat	Everted (After stimulation)	1					
COMFORT	Engorged cracked Bleeding large Blisters bruises	Filling reddened small blisters / bruises	Soft Non tender	2					
HOLD	Full Assist	Minimal assist	No assist	1					
Total Score				8					

BABY WEIGHT CHART

						FIRST FEED	
Date	20/7/26	21/7/26				Breast Feed	Top Feed
Weight	3.10kg	3.06kg					

Teaching Instructions: Deep latch

Discharge Instructions: urine output and weight monitoring

Feed Frequency Duration: 2-2 1/2 hrs

Feeding techniques: cradle hold

Assessment of output: Good

Sources of BF assistance at home: Handouts

Next Follow up: after 1 week

Lactation Consultant: Name: Supriya Signature: [Signature] Date & Time: 20/7



BREASTFEEDING OBSERVATION CHART



Your Right to a Safe Delivery

Please tick ☒ for Yes, ☒ for No and leave ☐ blank for Not Applicable:

[illegible]

[illegible]

BAH-00662116 IP5-00176587
 Baby Of MUBEENA AFEEN FATIMA
 18-07-2026 0 Y 0 M 0 D 2 H (M)
 Dr. DINESH KUMAR CHIRLA



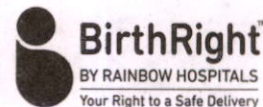
Rainbow®
Children's
Hospital
 It takes a lot to treat the little.

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	19/7/26				
Time	7:19 PM				
Hb	15.9				
PCV	49.1				
RBC	5.59				
WBC	19.22				
N/L	55.0/358				
Platelets	316				
CRP	9				
ESR					
PCT					
RBS					
Na	133				
K	5.1				
Cl	104				
Ca/Mg					
Phosphate					
Urea	15				
Creatinine	0.6				
ALP					
SGPT					
SGOT					
T.Bill/Conj	7.6 < 0.1 / 7.5				
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					
Wt Calcium	8.8				

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 Baby Of MUBEENA AFEEN FATIMA
 18-07-2026 0 Y 0 M 0 D 2 H (M)
 Dr. DINESH KUMAR CHIRLA



MEDICATION RECONCILIATION FORM

Drug Allergies: nil ☐ 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: NICU Shifted to: Ward 1000

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	<u>Fuj. PIPERACILIN + TAZOBACTAM</u>	<u>310mg</u>	<u>IV</u>	<u>12th hourly</u>		☐ C ☐ DC
2						☐ 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

Dr. Name & Signature: Dr. Anand

Time: 19/7/26

Dr. Name & Signature: Dr. Anand

Time: 19/7/26 12 PM



DRUG CHART

Date of Admission: 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:																			

REGULAR PRESCRIPTIONS

Weight. 3.1kg Ward.

VERIFIED

DRUG : <u>Aug. 11000ACILIN +</u>				Date Time	<u>18/7/2026</u>
Dose <u>310mg</u>	Route <u>IV</u>	Frequency <u>12th hourly</u>	Start Date <u>18/7/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anushe</u>				<u>10am X Pathi pathi</u> <u>max 5min</u>	
Additional Instructions: <u>100 mg/kg/dose</u>				<u>1000 mg/kg/dose</u> <u>stop</u> <u>20/7/26</u>	
Daily Doctor's Endorsement by a Sign <u>f</u>					

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.		Nurse Sig.
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	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[illegible]

Weight. Ward.

[illegible]

BAH-00662116 IP5-00178587
 Baby Of MUBEENA AFEEN FATIMA
 18-07-2026 0 Y 0 M 0 D 2 H (M)
 Dr. DINESH KUMAR CHIRLA

No. : RCHBH/ FRM / CLINICAL / 127

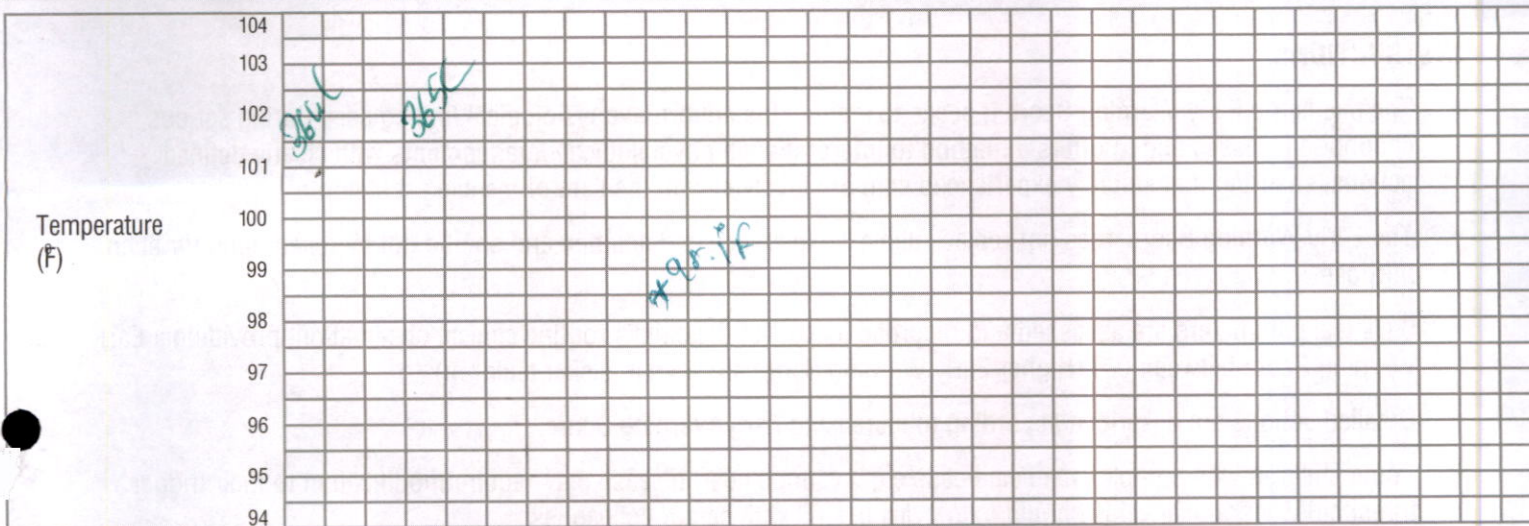
12 years
TEENAGE (12+ years)
 Children's Observation &
 Early Warning Scoring Chart

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 : *13/1/26* Time: *10 AM* *12 PM* *2 PM* *4 PM* *6 PM* *8 PM*
 Doctor / Nurse / Family Concern?



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

Note:
 BP does not score in early warning scoring

Time	10 AM	12 PM	2 PM	4 PM	6 PM	8 PM
Heart Rate (bpm)	135	140		146	141	

Resp. Rate (bpm) (Over 1 Minute)

Time	10 AM	12 PM	2 PM	4 PM	6 PM	8 PM
Resp. Rate (bpm)						

Resp Distress	Mod/ Severe None / Mild	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	Normal / Altered	GCS *
	<i>N</i>	<i>N</i>	<i>98</i>	<i>100</i>	<i>99.1</i>	<i>N</i>
	<i>N</i>	<i>N</i>				<i>15/15</i>

TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
	<i>0</i>	<i>0</i>	<i>15/15</i>

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU 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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00662116 IP5-00176587
Baby Of MUBEENA AFEEN FATIMA
18-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. DINESH KUMAR CHIRLA



o. : RCH / FRM / CLINICAL / 124

19/7/26
INFANT (<1 year)
**Children's Observation &
Early Warning Scoring Chart**

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 12:30 PM

Doctor/Nurse/Family Concern?

Temperature
(F)

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

Heart Rate (Number)

Resp. Rate (bpm)
(1 Minute) *

Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

Receiving O₂ (l/min)
O₂ Saturations (%)

Conscious Level
Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

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BAH-00662116 IPS-00176587
Baby Of MUBEENA AFEEN FATIMA
18-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. DINESH KUMAR CHIRLA



20/7/26
RCH / FRM / CLINICAL / 124

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 11 am 2 pm 4 pm 10pm 6am

Doctor/Nurse/Family Concern?

Temperature
(F)

104					
103					
102					
101					
100					
99	98.6°F			97.8°F	
98	97.5°F	98.0°F		97.8°F	
97					
96					
95					
94					

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score
in early
warning scoring

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

Heart Rate (Number)

121b/min 125b/min 121b/min 131b/min 141b/min

Resp. Rate (bpm)
1 Minute) *

70					
60					
50					
40					
30					
20					
10					

Resp Rate (Number)

40b/min 34b/min - 40b/min 39b/min 41b/min

Resp Distress Mod/ Severe
None / Mild

Receiving O₂ (l/min)
O₂ Saturations (%)

100% 99% 100% 99% 99%

Conscious Level Normal
Altered

GCS *

15/5 15/6 15/6 15/5 15/6

TOTAL SCORE

Number of shaded boxes

0 0 0 0 0

Pain Score

0 0 0 0 0

Observer's Initials

F F F V V

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FLUID CHART

14 = 60cc/kg/day
 Bwt = 3.1 kg
 1l = 16ml

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.

		Intake			Output						IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score		
			Mouth	I.V	NG							
	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	FL		16ml	-				-	0		Sign
	11:00 pm									0		
	12:00 am	FL		16ml	-				-	0		Sign
	01:00 am											
Total Intake :					Total Output : m- 0-							
	02:00 am	DBF								0		
	03:00 am	FF 18ml				✓				0		
	04:00 am									0		
	05:00 am									0		Sign
	06:00 am	FF 20ml							✓	0		Sign
	07:00 am									0		
Total Intake :					Total Output : m- 0-							
Total 24 hrs. Intake			20									
Total 24 hrs. Output			m- 1 0-1									



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.

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
17/7/26	08:00 am		DBF								0	} stool
	09:00 am	FF	15ml				✓			✓	0	
	10:00 am										0	
	11:00 am		DBF								0	
	12:00 pm										0	
	01:00 pm		DBF								0	
Total Intake :					Total Output : 14 - 10 - 1							
18/7/26	02:00 pm										0	} urate
	03:00 pm		DBF				✓			✓	0	
	04:00 pm	FF	30ml								0	
	05:00 pm										0	
	06:00 pm						✓			✓	0	
	07:00 pm		DBF								0	
Total Intake :					Total Output : 022 ml 2							
19/7/26	08:00 pm		FF								0	} halts
	09:00 pm		FF							✓	0	
	10:00 pm		DBF				✓				0	
	11:00 pm		FF								0	
	12:00 am		FF							✓	0	
	01:00 am		DBF								0	
Total Intake :					Total Output : 0 - 2 ml - 1							
20/7/26	02:00 am		FF								0	} halts
	03:00 am		FF				✓			✓	0	
	04:00 am										0	
	05:00 am		DBF								0	
	06:00 am		FF							✓	0	
	07:00 am						✓				0	
Total Intake :					Total Output : 0 - 2 ml - 2							
Total 24 hrs. Intake		Taken										
Total 24 hrs. Output		0 - 7 ml - 6										

BAH-00662116 IP5-00176587
 Baby Of MUBEENA AFEEN FATIMA
 18-07-2026 0 Y 0 M 2 D (M)
 Dr. DINESH KUMAR CHIRLA



FLUID CHART

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No. :

20/7/21

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					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
20/7			Mouth	I.V	N.G								
	08:00 am										0	Kavathi	
	09:00 am	FF	20ml								0		
	10:00 am		DBP				✓			✓	0		
	11:00 am										0		
	12:00 pm		DBP								0		
01:00 pm										0			
Total Intake :						Total Output :							
	02:00 pm	FF	30ml								0	Kavathi	
	03:00 pm										0		
	04:00 pm										0		
	05:00 pm	DBP	FF 30ml				NP			NP	0		
	06:00 pm										0		
	07:00 pm										0		
Total Intake :						Total Output : 12 ml							
	08:00 pm		DBP				✓				0	Satya	
	09:00 pm	FF	25ml								0		
	10:00 pm										0		
	11:00 pm						✓				0		
	12:00 am	FF	30ml								0		
	01:00 am										0		
Total Intake :						Total Output : 11-2 1-1							
	02:00 am	FF	20ml								0	Satya	
	03:00 am										0		
	04:00 am	FF	30ml								0		
	05:00 am										0		
	06:00 am										0		
	07:00 am	FF	30ml								0		
Total Intake :						Total Output : 11-1 1-2							

Total 24 hrs. Intake

Total 24 hrs. Output

11-4 1-4

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
21/7/26	08:00 am	DBM					✓			✓	1	Shresh	
	09:00 am					✓							
	10:00 am	FF 30ml							✓				
	11:00 am					✓							
	12:00 pm	DBM							✓				
	01:00 pm					✓			✓				
Total Intake :						Total Output :						M-1 U-1	
21/7	02:00 pm	DBP					✓				1	perash	
	03:00 pm												
	04:00 pm	FF 10ml							✓				
	05:00 pm												
	06:00 pm	DBP				✓							
	07:00 pm												
Total Intake :						Total Output :						U-2 M-2	
21/7	08:00 pm	DBP									1	Sahar	
	09:00 pm												
	10:00 pm	DBP											
	11:00 pm												
	12:00 am					✓			✓				
	01:00 am	DBP											
Total Intake :						Total Output :						M-1 U-1	
21/7	02:00 am										1	Shresh	
	03:00 am	DBP											
	04:00 am					np							
	05:00 am	DBP							✓				
	06:00 am												
	07:00 am												
Total Intake :						Total Output :						M-0 U-1	
Total 24 hrs. Intake						Total 24 hrs. Output			M-6 U-7				



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.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
22/7/26			Mouth	I.V	N.G								
	08:00 am		DBM				✓						
	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	
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Total 24 hrs. Output	
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Patient Sticker

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.

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