





## ADMISSION SHEET

## Registration Details :



Admission No : IP5-00174473

Admit Date : 29-May-2026

Admit Time : 02:52 AM UHID : BAH-00657528

## Patient Details :

Patient Name : Baby Of I.V. SAHITYA MADHURI

Age : 0 D

Guardian : Dr. NAGAM VARISHITH REDDY

DOB : 29-05-2026 01:26 AM

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : H NO - 8-2-454/G307, BRIGADE AT 7 , ROAD  
NO -7 , ZAHARA NAGAR , Banjara Hills  
Hyderabad Telangana INDIA 500034

Phone No : 9110767772/ 9963424184

E-mail : NO@GMAIL.COM

## Admission Details :

Bed Type : NICU

Bed No : NICU 244

Ward Name : 2F-NICU 1

Room No : NICU 244

Admission Type : First Visit

## Contact Details :

Name : Dr. NAGAM VARISHITH REDDY

Relationship : Father

Contact Address : H NO - 8-2-454/G307, BRIGADE AT 7 , ROAD  
NO -7 , ZAHARA NAGAR , Banjara Hills  
Hyderabad Telangana INDIA 500034

Phone No : 9110767772 / 9963424184

Signature

## Referral Details :

Doctor Name : Dr. NALINIKANTA PANIGRAHY

Specialisation : NEONATAL INTENSIVE CARE

Referral Doctor : SELF

Phone No :

Co-Consultant :

## Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY





BAH-00657528 IP5-00174473  
 Baby Of I.V. SAHITYA MADHURI  
 29-05-2026 0 Y 0 M 0 D 14 H (F)  
 Dr. NALINIKANTA PANIGRAHY

## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Dr. I.V. Sahitya Age : 33 Father's Name : ..... Age : .....  
Madhuri  
 Date of Birth : ..... Date of Admission : ..... UHID No. : .....  
 NICU Consultant : As per note 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 Madhuri Mother's Blood Group : O+ve  
 Gender :  M  F Blood Group : O+ve Birth Weight (gms) : 2503gms Length (cms) : .....  
 Date of Birth : 29/05/26 Time of Birth : 1:26am OFC (cms) : .....  
 Place of Birth : RCH Banjar Estimated Gesth Age : 39 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : 2021 LMP : 27/3/25 EDD : 15/9/2022  
 Conception : Spontaneous or with Rx : Tox IVF Conception FET  
 Booked at what GA : 17 weeks AN Steroids Drugs / Doses : .....  
 Last Scans Details : 37+2 / Cephalic / EFN - 8 2545  
DOPPLER - (N) TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <b>H/o PIH (after 20 weeks) / PE</b> How many Drugs / Doses / Since how long : ..... H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : ..... IUGR - when detected : ..... Doppler ( Increased Resistance / ADEF / REDF / Redistrbution in MCA ) / Ductus Venosus : ..... AFI : .....	<b>H/o GDM/ pre GDM/ on diet or insulin</b> Controlled or not, recent values, HbA1 values : ..... Compliance with Rx : <u>FTS = 16w rx</u> Scans : LGA, TIFFA, Fetal Echo : <u>(N)</u> <b>H/o Hypothyroidism : when diagnosed ? Medication?</b> Any other Chronic Medical Problems, when detected drugs ? ..... ( Anemia, SLE, Jaundice, CHD, Heart Disease ) Infection : H/O, Fever ( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV ) UTI : when : ..... Any culture : .....
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**PPROM:** Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....

**SYSTEMIC EXAMINATION**

**RESPIRATORY SYSTEM:**

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

Mention If baby has Respiratory distress: RR: 80 SCR / ICR / See - Saw breathing : SCR

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

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : Downe's = 3

SpO<sub>2</sub> : 95% Auscultation: B/L LFAE Breath Sounds: NVS Added Sounds: gurgles

Downe's  
 • Tachypnea = 1  
 • CR = 1  
 • Hypocri = 0  
 • B/L Air even = 0  
 • Gurgles = 1  
Downe's = 3

**CARDIOVASCULAR SYSTEM :**

HR : 140 BP : .....

Precordial Activity : N

Femoral Pulses : I good

Murmurs : I NO

Other Peripheral Pulses : I

Signs of Cardiac Failure : I

**ABDOMEN:**

Shape : I

Hernia orifice : free

Palpation : I

Anal Patency : patent

Palpable masses : I

Umbilical Cord : 2A 1V

Abdominal girth : .....

First urine passed : I

Meconium passed : I NOT yet

**NERVOUS SYSTEM:**

Higher intellectual functions (Sensorium) : Alert

State of wakefulness : awake active

Prechtle Score : .....

Nerves : no focal neurological deficit

**MOTOR SYSTEM:**

Passive Tone : I good

Active Tone : .....

Neonatal Reflexes : good

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

Moro's : B/L complete DTR : I

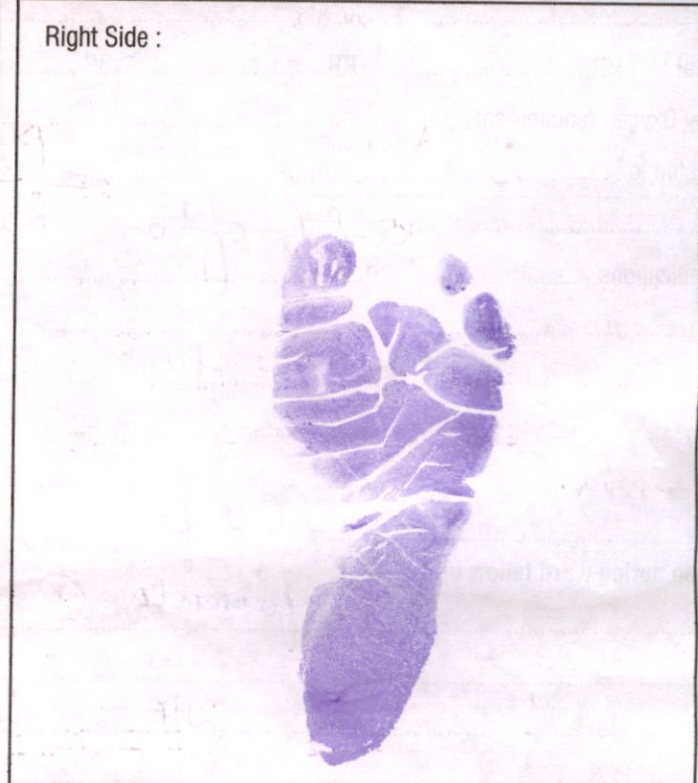
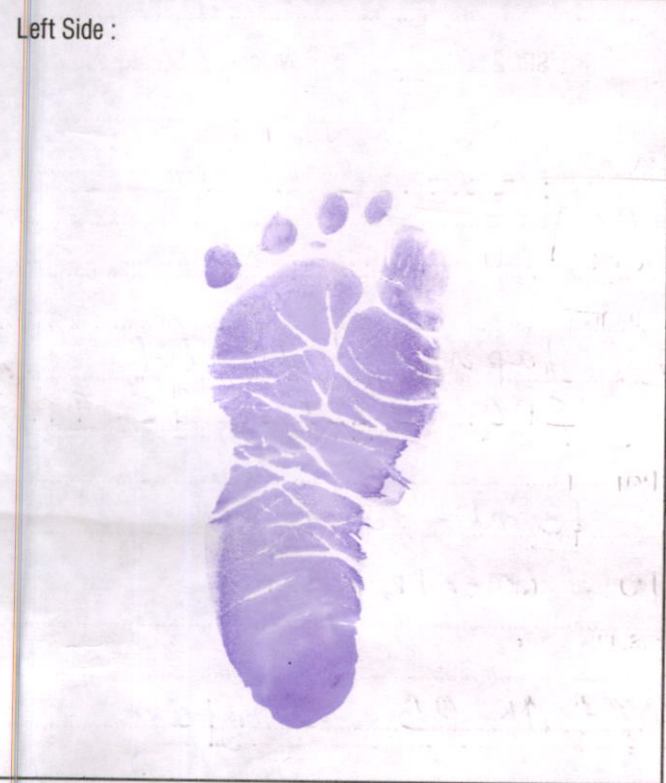
ATNR : asymmetric Skull and Spine : I



Congenital Anomalies : No gross congenital anomalies

Diagnosis : 34 weeks / NUD / Female / FGR / SGA (2.504) / ?TTNB

**FOOT PRINTS**



Resident Doctor :  
Signature : Rupanjali  
Name : Rupanjali  
Date & Time : 28/05/26

Consultant :  
Signature : Dr. NALINIKANTA PANIGRAHY  
Reg. No: TSMC/FMR/03605  
Name : [Signature]  
Date & Time : 29/5/26

**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 : .....

Systemic : .....

Medications : .....

Plan  
~~ABG~~ ~~gltb~~ ~~burping~~  
- low flow - O<sub>2</sub>  $\dot{V}_E$  as tolerated  
SPO<sub>2</sub> target - 90-95+

Plan during ward follow up :

- Or feeds - 13ml - 2 hourly  
formula @ TU - 60cc/kg/d  
- W/F desat, N/OB & infam.  
- Reassess after 30 min Rural  
- GRBS - 6th hourly.

Feeding Plan at the time of shifting : .....

infam if less than 50mg/kg

Screenings done during NICU Stay :

GRBS @ 1 h of L = 119 mg.

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

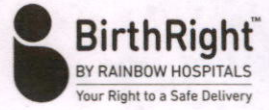
NP2 : .....

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

Doctor Name: ..... Doctor Name: .....

Date & Time: ..... Date & Time: .....

BAH-00657528 IP5-00174473  
 Baby Of I.V. SAHITYA MADHURI (F)  
 29-05-2026 0 Y 0 M 4 D  
 Dr. NALINIKANTA PANIGRAHY



## DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet				
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record				
6	Doctors progress sheets	9			
7	Nursing plan of care and handover sheets	6			
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				
17	Consent for Formula feed				
18	Consent for MTP <i>Dr. Prateek</i>	1			
19	Consent for Radiological Investigations	1			
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation				
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	5			
30	Intake and Out take chart (fluid chart)	3			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU	2			
37	The Humpty dumpty scale	2			
38	Braden Q Scale	2			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	<i>Billing</i>	2			
		48			
	<b>Total No. of Pages</b>				

*[Signature]*  
21/6/24

## 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



20/188

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 6:30am		Seen by Dr. Sowmaya
		✓ DO CBG, RBS now.
		✓ DO CRP now.
		R/V.
		Pupils.
29/5/26 7am	Lung ultrasound	
		<p>plan          to do xray</p> <p>noted by [signature]          Jul 09/5          Resonance</p>
		Morning Round
29/5/26 7:00am	Seen by Resident	Adv
	- GHOL	- TV - <del>80</del> 60cc/kg/day
	- Term/PAR/SGA/RD	13ml - Shandy
	? TTNB	OK feeds.
	- B.W - 2504g	- N/F RR, SPO <sub>2</sub>
	- On room	- If no tachypnea
	- Intermittent tachypnea	R/V for palada
	- No hypoxia	feeds.
	- No sepsis signs & factors	- Target limit
	HR - 120 in malm	If FiO <sub>2</sub> = 21.1 SPO <sub>2</sub> target
	SPO <sub>2</sub> = 98%	90-100
	BP =	> 22.1 SPO <sub>2</sub> - 90-95.1
	- Down's score :- ①	MBP = <del>30</del> 41 - 46
	- CXR ? S/O - B/L	
	lazziness	

noted by [signature]  
 10/7039 29/5/26 6:30am



BAH-00657503 IP5-00174452  
 Baby Of K SAI YASASWINI  
 28-05-2026 0 Y 0 M 0 D 9 H (F)  
 Dr. NALINIKANTA PANIGRAHY



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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>1st feeding feeds 13ml 2hrly,            No vomiting</p> <p>GRBS @ 11:00 - 19 ml            (2:30 AM)            @ 6:30 AM - 77 ml</p>	<p>4) GRBS BD</p> <p>5) Monitor vitals</p> <p><i>(Signature)</i>            Dr. Nalin</p>
<p>29/05/20            10:30 AM</p>	<p>TTNA / Transitional            delay</p>	<p>Seen by Dr. Nalin</p> <ul style="list-style-type: none"> <li>- Remove OR.</li> <li>- B. Thy DBE/Palate</li> <li>- Crib care</li> <li>- GRBS - BD</li> <li>- If Baby is taking two oral feeds well                ↓                Shift to room</li> </ul> <p><i>(Signature)</i>            Noted by Dipu            017039            29/5/26            @ 10:30</p>
	<p>Dr. NALINIKANTA PANIGRAHY            Reg. No. TSMC/FMR/03605            29/5/26</p>	



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	<u>Shifting notes.</u>	
29/05/26 1 pm	Term (39 wks)   SGA (2.5kg)   Female   TTNB   Transitional delay.	1) <sup>Plan</sup> Continue Jay Pallafai feeds & Direct breastfeeding - once when comes
	12 hrs of eye Baby hemodynamically stable on air.	
	No tachypnea/greening / retractions.	2) Crib care
	Paken pallafai feeds well, tolerating feeds, no distension	3) Dress and blanket 4) GRBS BD 5) Shift to room by 3pm if baby taking feeds well and no distress noted.
	S/E - Baby pink, warm, Active HR - 139/min RR - 40/min SpO <sub>2</sub> - 100% in RA	
		6) Vaccination after shifting out 7) R/v on hearing test, NBS and SBR at 48hrs
		Noted by Dr. [Signature] 017039 @ 1:15 pm
		[Signature] Dr. [Signature]



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8:00am	<p>Morning Round</p> <p>- MOK ≈ 30 hours.</p>	<p>Adv</p>
	<p>Term / SGA (2.5K) / TTNGe                      (39W) delayed transition                      BW = 2.503</p>	<p>- OBF/bb barping                      + if insufficient                      20ml measured                      feeds. - 2 hourly                      if/b barping.</p>
	<p>- T.W = 2.355 (929m) ↓                      (total loss 5.91)                      %</p>	<p>- clinical jaundice                      assessment now</p>
	<p>- Ureter Meconium ] passed.</p>	<p>- BEG, OPV, Hep                      - today.</p>
	<p>- MBR - 0+                      BBR - 0+</p>	<p>- plan for SBR                      NBS</p>
	<p>OPE                      - No resp distress                      B/T can't clear</p>	<p>at 48 hours                      of life</p>
	<p>② Icterus (+) till nipple                      level in over chest</p>	<p>- OAE - T/M.                      - GRBS - 36<sup>th</sup> hours, BD                      - N/F vitals &amp; infan                      ses.</p>
	<p>UTRBS = 29mg 58mg</p>	<p>- Monitor for temp                      2-4 hours.                      infan if less than                      97.5</p>

Noted by  
 Bupma  
 20  
 8Am



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	Seen by Dr. Sowmya	
12:10 PM		
M: 0+		Plan:- - Start Phototherapy
B: 0+		SSPT.
		- Monitor Temperature
		4th hourly.
		- Continue ORF 2nd hourly

*Noted by  
 Bushy  
 30/5/26  
 12:10 PM*

*30/5/26. Lactation abtes.  
 12:30  
 Lactation counseling done  
 position shows perfectly  
 Colostrum as seen baby  
 is latching well. feed  
 adequate with deep  
 latch more than 20-25ml  
 each side (DR) ORF*

*Nalin  
 Nalin*

BAH-00657528 IP5-00174473  
 Baby Of I.V. SAHITYA MADHURI  
 29-05-2026 0 Y 0 M 0 D 19 H (F)  
 Dr. NALINIKANTA PANIGRAHY

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6pm		<p>Adv            Continue SSPS</p>
	✓	<p>C eye / orange over            Covers</p>
	✓	<p>check Temp 2-4hr</p>
	✓	<p>SBR   Th            NBS</p>
	✓	<p>OAE on F/O</p>
	✓	<p>check w/ Th            C-Team advise</p>
		<p>Dr. NALINIKANTA PANIGRAHY            Reg. No. ISMS/EMR/33605            30/5/26</p>
		<p>- check pulse with pulse oximeter.            - check temp every 2 hrly and            - check <sup>next</sup> GRBS Prefeed across            @ 6AM in            center</p>
		<p>Noted by Susha 30/5/26            @ 8pm</p>



3AH-0057528 IP5-00174473  
 Baby C P. V. SAHITYA MADHURI (F)  
 19-05-2026 0 Y 0 M 1 D  
 Dr. NALINIKANTA PANIGRAHY



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 1:20 am	on room air. SpO <sub>2</sub> - 98% HR - 117/min RR - 46/m <sup>2</sup> . PL - no distension soft.	seen by Dr. Santan Plan Send Blood culture start w/ piptaz. - SEPT continue. - IV - 120 ml/day. [ 1/2 feed - 12ml @ 24. 1/2 fluid. 10% 150-P.
		- Review S. Electrolytes venous pcv. J/M. Calcium. J/abte SBR J/lowd
		- Monitor vitals. - ABBS - 8th hourly. - Monitor temp Dr. D. Pathak
		Note by Bukra 607360 @ 2 am



BAH-00657528 IP5-00174473  
 Baby Of I. V. SAHITYA MADHURI  
 29-05-2026 0 Y 0 M 2 D (F)  
 Dr. NALINIKANTA PANIGRAHY



31 5/26

## DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 60 ~~55~~ 101 PMA: .....  
 Term  Preterm  Gestation: ..... Corrected Gestational Age: ..... Today's Weight: 2.315kg  
7.4% wt loss

S.No.	Problems	
	Current	Past Problems
1.	Term SGA (2.5kg)	
2.	Delayed transition	
3.	Neonatal jaundice	
4.	Suspected sepsis	
5.	Polycythemia	
6.		

**Clinical Assessment**  
 - Stable on room air, on SCPT, - Vaccinations done  
 SpO<sub>2</sub> - 96%  
 PR - 125/min  
 BP - 64/48(53)  
 cry tone activity } good

**Medications Used**  
 - Feij. PIPTA2 (day 1)  
 Stool - passed  
 Urine - 2, 1 mlts/ hr;  
 Last RBS - 95 mg/dl

**Plan of Care:**  
 - TV - ~~100~~ 120 ml/kg/day - 1/2 feed -  
 ↓  
 full feeds → 21 ml 2nd halfy bottle feeds  
 - RBS 12th hourly  
 - Ilo. charting 6th hourly - R/v to send SBR  
 - Trace blood cts - OAC in followup, CRP, NBS

Doctor's Name (Hand over given): Amit  
 Signature: Amit  
 Date & Time: 31/5/26

Doctor's Name (Hand over taken): Dr. Rupendra  
 Signature: Rupendra  
 Date & Time: 31/5/26 9am

BAH-00657528 IP5-00174473  
 Baby Of I. V. SAHITYA MADHURI  
 29-05-2026 0 Y 0 M 2 D (F)  
 Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26		seen by Dr. Nalinikanta
1:00 PM		Plans
		- TV - 100ml/kg/day
		↓ full OG feeds.
		- stop ssp T
		- CBP
		- CRP
		- SBR
		- NBS } T/M morning to send
		- keep IV line suture
		- Dress the baby
		- Trace blood cl.
		- csg RW antibiotics.
		- RBS twice daily.
		- RW feeds in the evening.
		checked by Jyoti 02/02

Dr. NALINIKANTA PANIGRAHY  
 Reg. No: TSMC/FMB/03605  
 3/5/26

BAH-00657528 IP5-00174473  
 Baby Of I. V. SAHITYA MADHURI  
 29-05-2026 0 Y 0 M 2 D (F)  
 Dr. NALINIKANTA PANIGRAHY

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
31/5/26 3pm	Evening rounds	GRs Dr. Soumya
	on full OR feeds	
	HR: 120/min	Plan
	NBP: 147/24 (36)	① TN - 100 ml / day
	KPO: 9.6 l.	2 ml OR
		↓
		Feed 1 paladai @ 9pm
		if taking well
		continue full paladai
		② CRP
		CRP
		SBR
		NBS
		Tomorrow
		morning
		③ Followup RWS as
		rlv antibiotic
		④ RWS RD

Dr. Soumya

Note by Baby 31/5/26





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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/26		Scan by Dr. Balinipat
<del>10:15 AM</del>		
		<ul style="list-style-type: none"> <li>→ continue breast feeds</li> <li>✓ DBF (30ml orally)</li> <li>→ trace blood clots</li> </ul>
		<ul style="list-style-type: none"> <li>→ TO stop - Piptaz</li> </ul>
		<ul style="list-style-type: none"> <li>→ continue phototherapy</li> <li>✓ &amp; stop to from</li> </ul>
		<ul style="list-style-type: none"> <li>→ Temp documentation from</li> <li>✓ orally in Room</li> <li>while phototherapy</li> </ul>
		<ul style="list-style-type: none"> <li>→ SBB 7m</li> </ul>
		<p>plotted by          [Signature] 16/26          10:15 AM</p>

Dr. NALINIKANTA PANIGRAHY  
 Reg. No: TSMC/FMR/066851

16/26  
 10:15 AM



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 Baby Of I. V. SAHITYA MADHURI  
 19-05-2026 0 Y 0 M 2 D (F)  
 Dr. NALINIKANTA PANIGRAHY

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
2/6/26	Delayed Transfusion	
	NNT	
	poly cythemia	
	<u>leptococcal Sept</u>	<u>Adv</u>
		SBR, <del>100%</del> today,
		toxic open
		toxic blood cell picture
		→ AABO
		→ Discharge plan

Dr. NALINIKANTA PANIGRAHY  
 Reg. No. 15116/FMR/03605

2/6/26

IAH-00657528 IP5-00174473  
 Laby Of I .V. SAHITYA MADHURI  
 9-05-2026 0 Y 0 M 1 D (F)  
 Dr. NALINIKANTA PANIGRAHY



### RESULT SHEET

Date	30/5/26	16/26		
Time	9:30pm	7:30am		
Hb	21.8	21		
PCV	64.1	60.5		
RBC	6.04	5.90		
WBC	19.99	17.08		
N/L	50.5/33.8	52.9/28.6		
Platelets	244	275		
CRP	13	12		
IR				
PCT				
RBS				
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
Creatinine				
ALP				
SGPT				
SGOT				
Bill/Conj	12 <sup>0.1</sup> 11.9	14.4 <sup>0.1</sup> 14.3		
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				









# 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)

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

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

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

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



**REGULAR PRESCRIPTIONS**

Weight. 2.503 g Ward. ....

<b>DRUG :</b> <u>Ny. Piperac</u>				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				

① meogram

<b>DRUG :</b> <u>Ny. PIPERACILIN TAZOBACTAM</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>250mg</u>	<u>IV</u>	<u>12H</u>	<u>30/5</u>	<u>31/5 1/6</u>
Name & Signature of the Doctor Starting the Drugs: <u>N. Pratabhara</u>				<u>6PM</u> <u>1/6/26</u>
Additional Instructions: <u>100 mg/kg/dose</u>				<u>STOP</u> <u>1/6/26</u>
<b>Daily Doctor's Endorsement by a Sign</b>				

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

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







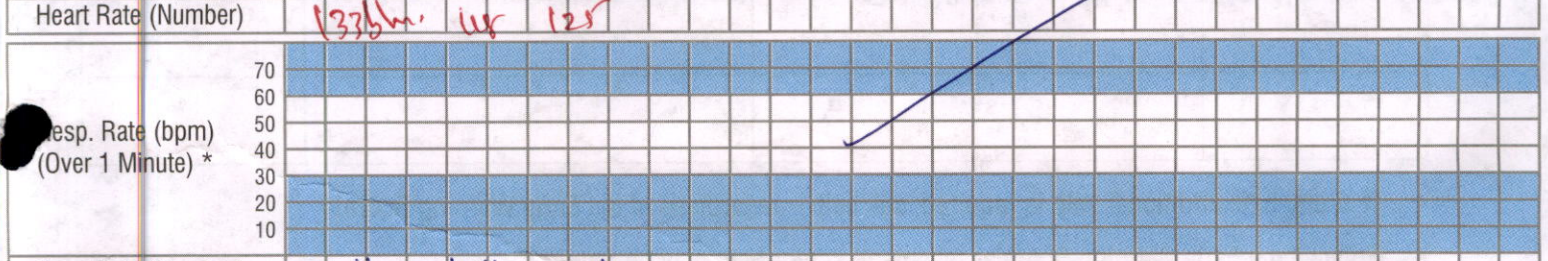
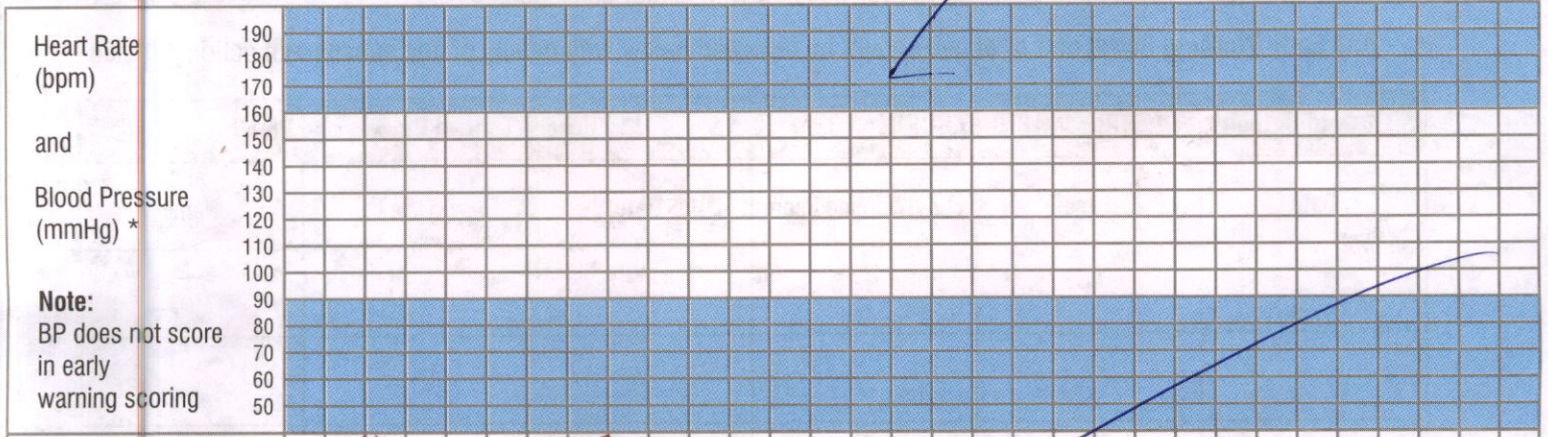
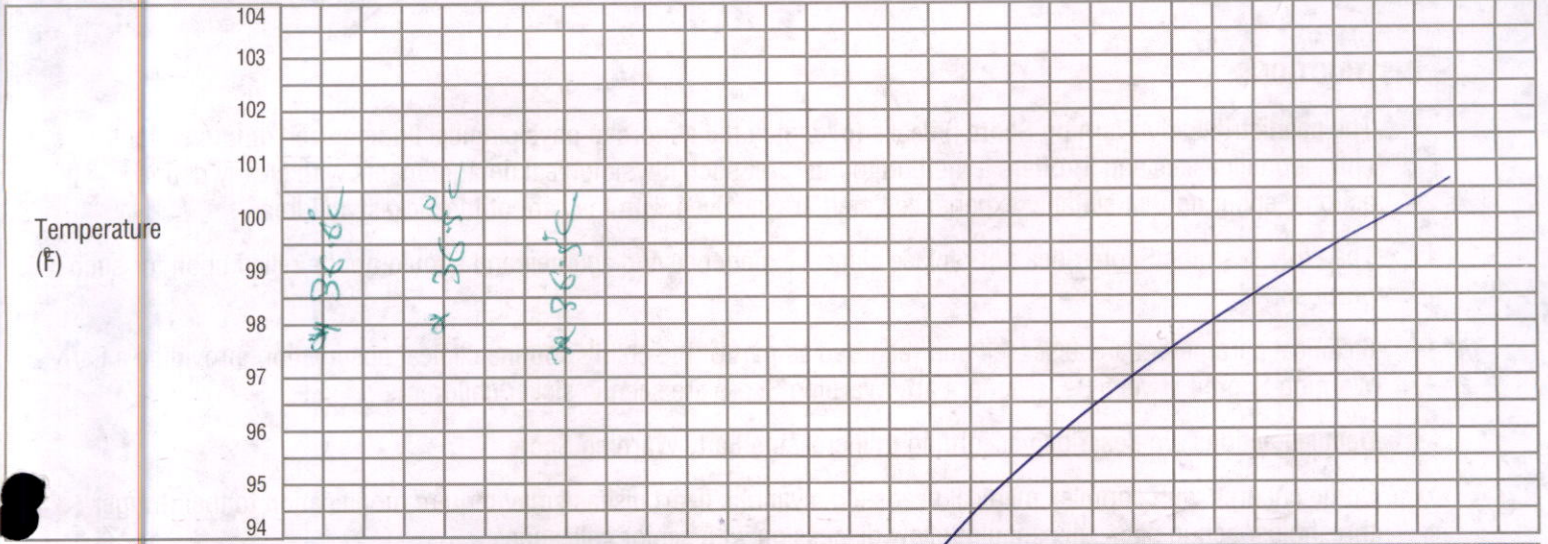
29/5/26

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

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: ..... Time: 9 AM 5 PM 7 PM

Doctor/Nurse/Family Concern?



Resp Rate (Number) 36 bpm 46 bpm 30 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 0.0 0.0 0.0

Conscious Level Normal Altered

GCS \* C C C

**TOTAL SCORE** Number of shaded boxes 1 1 1

Pain Score 0 0 0

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

**ACTIONS**  
 Score 1 : Continue normal observation by staff nurse  
 Score 2 : Shift in charge nurse to be informed and continue hourly observations  
 Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.  
 Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see  
 Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed/  
 NB: Scores 3 should be recorded overleaf  
 \* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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-00657528 IP5-00174473  
 Baby O.I.V. SAHITYA MADHURI  
 29-05-2026 0 Y 0 M 0 D 14 H (F)  
 Dr. NALINIKANTA PANIGRAHY



2

29/5/26

No. : RCH / FRM / CLINICAL / 124

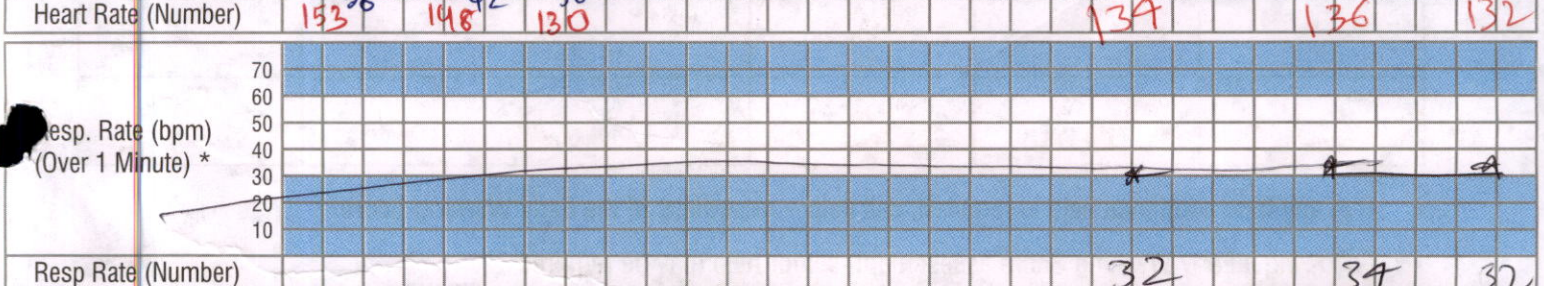
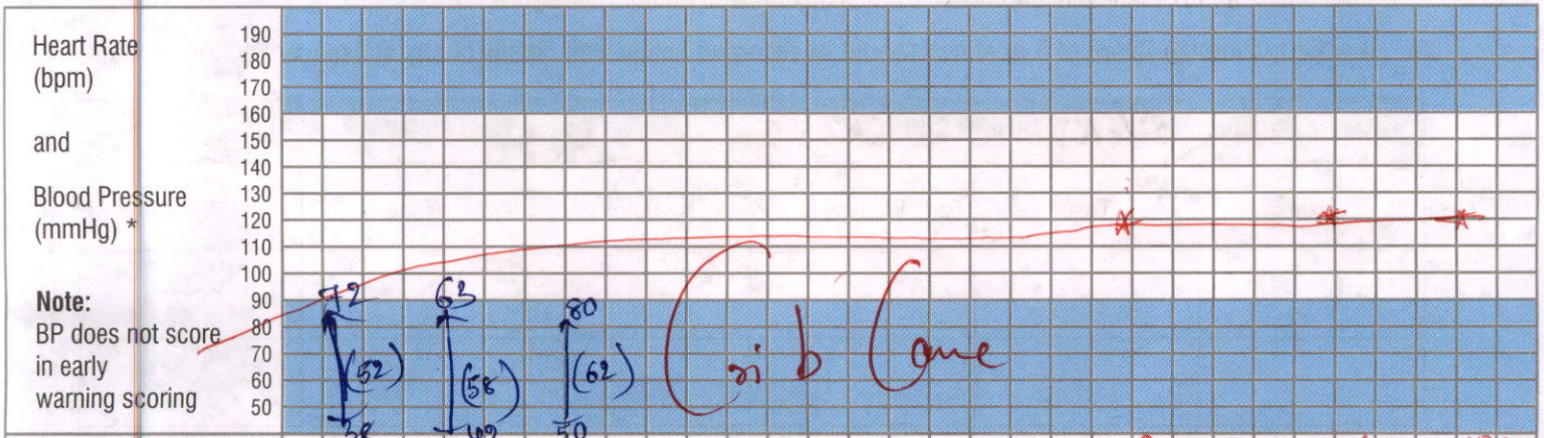
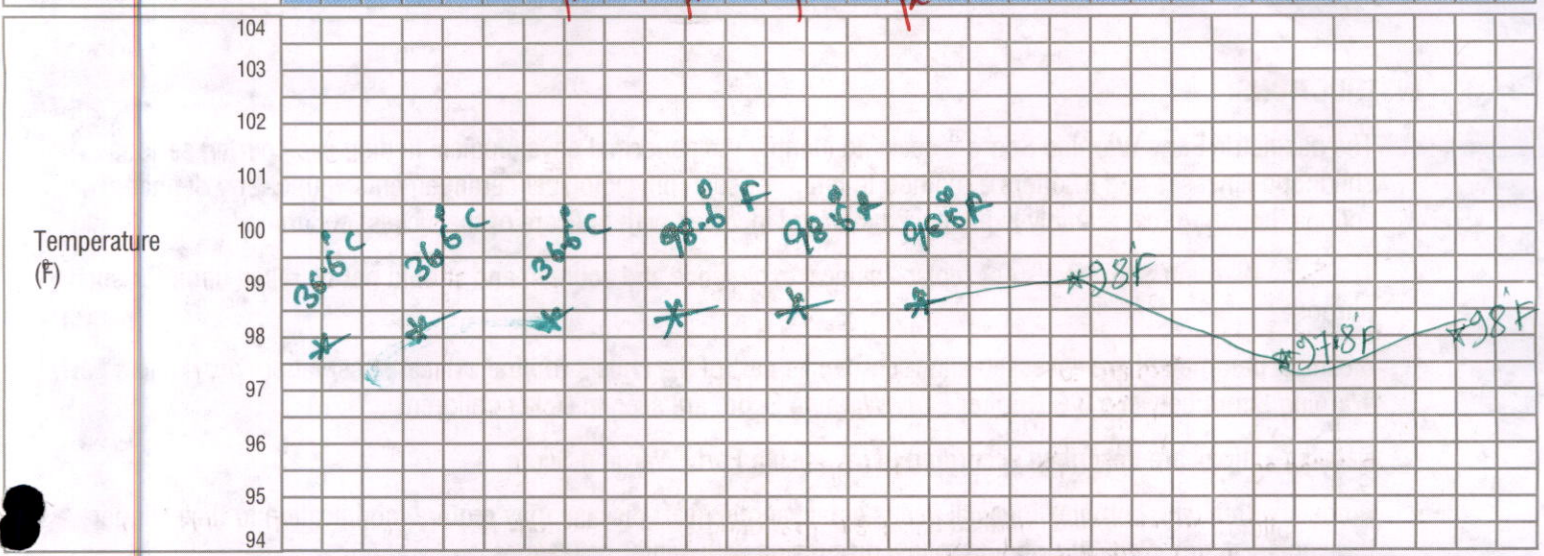
**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**

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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: ..... Time: 8 am 10 am 12 pm 2 pm 4 pm 6 pm 10 PM 3 AM 6 AM  
 Doctor/Nurse/Family Concern? an an an an an an an an an



Heart Rate (Number)	153	148	130				134	136	132
Resp Rate (Number)							32	34	32
Resp Mod/ Severe Distress									
Receiving O <sub>2</sub> (l/min)	EA	EA	EA	EA	EA	EA			
O <sub>2</sub> Saturations (%)	97%	98%	96%	97%	96%	98%	99%	98%	99%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	C	C	C	C	C	C	(14/15)	(13/15)	(14/15)
TOTAL SCORE	1	1	1	1	1	1	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	an	an	an	an	an	an	an	an	an

**ACTIONS**

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
- Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
- Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

\* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
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- 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

30/5/26

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

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: .....	Time:	9:30 AM	12 PM	3 PM	6 PM	9 PM	11 PM	2	4	6
Doctor/Nurse/Family Concern?								AN	AN	AN
Temperature (F)	104									
	103									
Temperature (F)	102									
	101									
Temperature (F)	100									
	99									
Temperature (F)	98									
	97									
Temperature (F)	96									
	95									
Temperature (F)	94									
	93									
Heart Rate (bpm)	190									
and Blood Pressure (mmHg) *	180									
	170									
and Blood Pressure (mmHg) *	160									
	150									
and Blood Pressure (mmHg) *	140									
	130									
and Blood Pressure (mmHg) *	120									
	110									
and Blood Pressure (mmHg) *	100									
	90									
and Blood Pressure (mmHg) *	80									
	70									
and Blood Pressure (mmHg) *	60									
	50									
Heart Rate (Number)		131bpm	131bpm	136bpm	128bpm	128	131	139	142	
Resp. Rate (bpm) (Over 1 Minute) *	70									
Resp. Rate (bpm) (Over 1 Minute) *	60									
	50									
Resp. Rate (bpm) (Over 1 Minute) *	40									
	30									
Resp. Rate (bpm) (Over 1 Minute) *	20									
	10									
Resp Rate (Number)		28bpm	32bpm	34bpm	36bpm	36				
Resp Mod/ Severe Distress	None / Mild									
Receiving O <sub>2</sub> (l/min)		0.8l	0.9l	0.7l	0.7l					
O <sub>2</sub> Saturations (%)						98%	94%	95%	100%	
Conscious Level	Normal / Altered	(15/15)	(15/15)	(15/15)	(15/15)	-	N	N	N	
GCS *						(15/15)	C	C	C	
<b>TOTAL SCORE</b>										
Number of shaded boxes		0	0	0	0	0	0	0	0	
Pain Score		0	0	0	0	0	0	0	0	
Observer's Initials		g	g	g	g	g	g	g	g	

**ACTIONS**

- Score 1 : Continue normal observation by staff nurse
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NB: Scores 3 should be recorded overleaf

\* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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<b>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



31/5/26

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

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 31/5/26	Time: 8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
Temperature (F)	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5 (98.2)	36.5 (98.2)	36.5 (98.2)	36.5 (98.2)	36.5 (98.2)
Heart Rate (bpm)	120	115	115	130	129	135	132	142	135	142	121	
Blood Pressure (mmHg) *	115/75	115/75	115/75	115/75	115/75	115/75	115/75	115/75	115/75	115/75	115/75	115/75
Resp Rate (bpm)	40	35	43	57	58	47	37	42	36	39		
Receiving O <sub>2</sub> (l/min)	0	0	0	0	0	0	0	0	0	0	0	0
O <sub>2</sub> Saturations (%)	99%	100%	100%	100%	100%	100%	100%	98%	97%	96%	99%	
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE	1	1	1	1	1	1	1	1	1	1	1	1
Observer's Initials	AM	AM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM

\* 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

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BAH-00657528 IP5-00174473  
 Baby Of I. V. SAHITYA MADHURI  
 29-05-2026 0 Y 0 M 2 D (F)  
 Dr. NALINIKANTA PANIGRAHY



2/6/26

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

Doc. No. : RCH / FRM / CLINICAL / 124

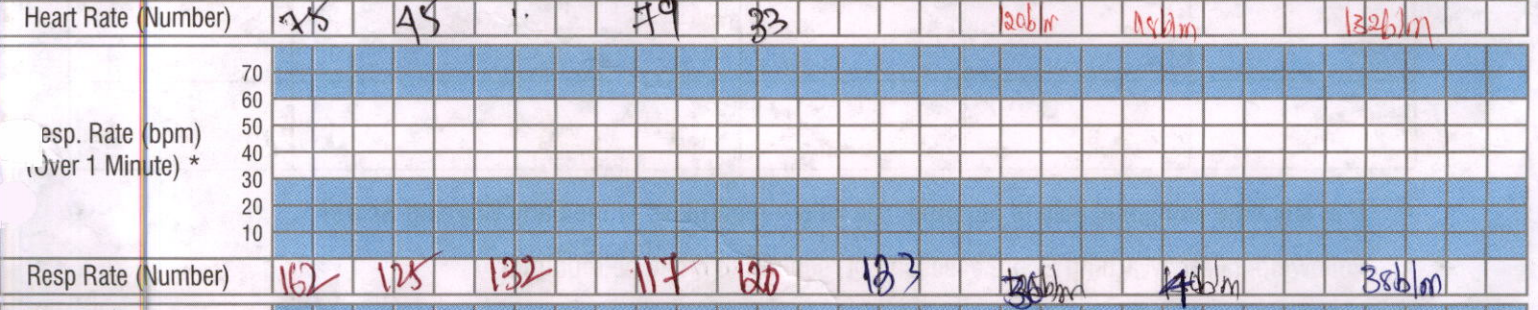
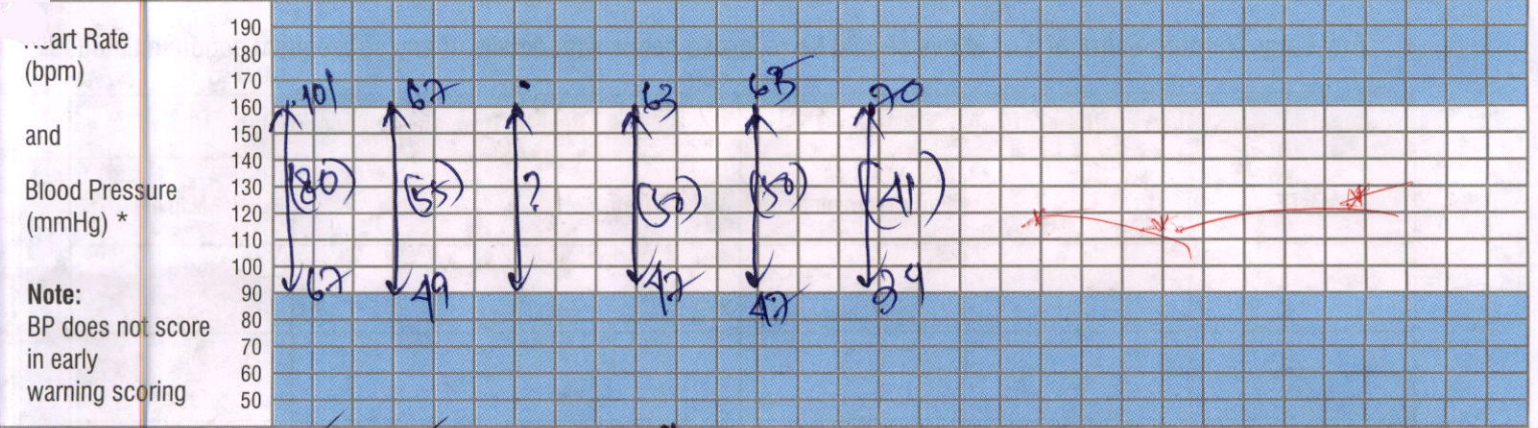
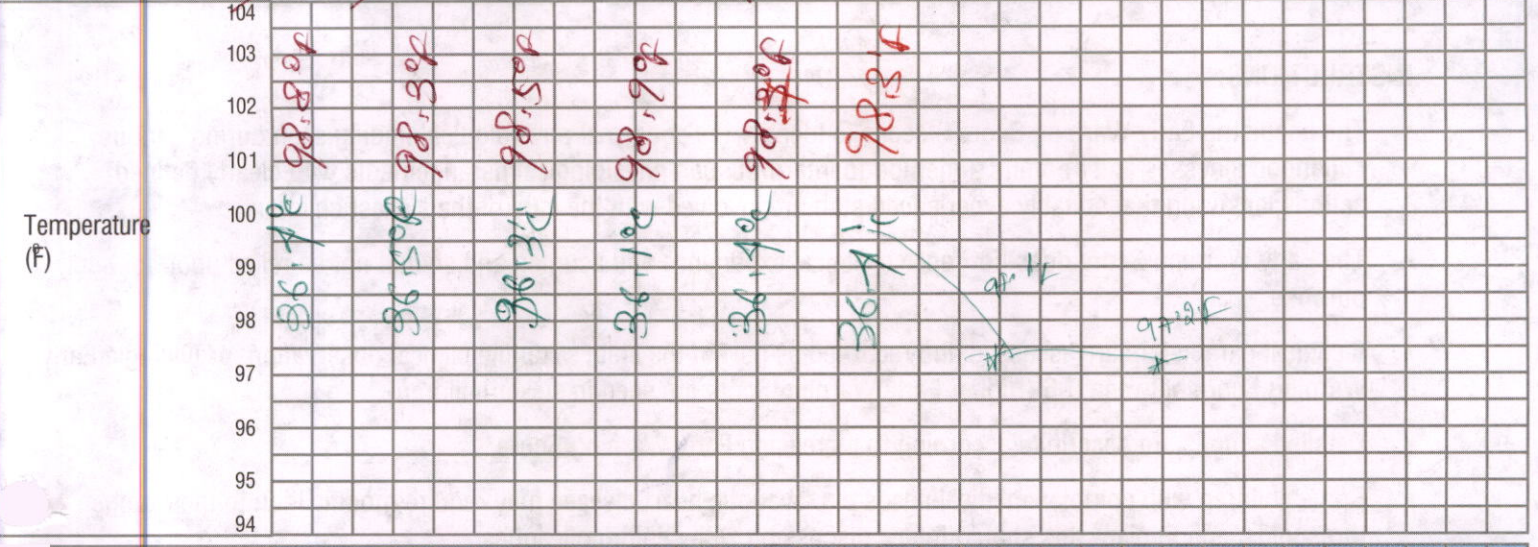
Pratiksha  
 Rainbow  
 Children's  
 Hospital  
 It takes a lot to treat the little.

**BirthRight™**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: ..... Time: 8<sup>10</sup> 10<sup>17</sup> 12<sup>54</sup> 2<sup>16</sup> 4<sup>10</sup> 6<sup>10</sup> 10<sup>pm</sup> 2<sup>am</sup> 6<sup>am</sup>

Doctor/Nurse/Family Concern? AM AM PM PM PM PM 10<sup>pm</sup> 2<sup>am</sup> 6<sup>am</sup>



Resp Mod/ Severe Distress None / Mild  
 Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%)  
 Conscious Level Normal Altered  
 GCS \*

TOTAL SCORE  
 Number of shaded boxes  
 Score  
 Server's Initials

- Score 1 : Continue normal observation by staff nurse
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<b>R</b>	<b>RECOMMENDATION:</b> 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)



# 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			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am													
	03:00 am	FR			13ml	-								
	04:00 am													
	05:00 am	FR			13ml	perist				low				
	06:00 am													
	07:00 am	FR			13ml	-				low				
<b>Total Intake :</b>						<b>Total Output :</b>								
Total 24 hrs. Intake		Gocally										Total 24 hrs. Output		1.4cc (13ml)

BAH-00657528 IP5-00174473  
 Baby Of I.V. SAHITYA MADHURI  
 29-05-2026 0 Y 0 M 0 D 14 H (F)  
 Dr. NALINIKANTA PANIGRAHY

29/5/26

# FLUID CHART



Tr - 60cc/kg/day  
 Bwt - 2.5  
 JF

2

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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	NG							
	08:00 am											
	09:00 am	NasPac			13ml		Passed			13ml		
	10:00 am											
	11:00 am	NasPac			13ml							
	12:00 pm											
	01:00 pm	NasPac			13ml		Not passed			10ml		
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm											
	03:00 pm	NasPac			13ml		Not passed			26ml		
	04:00 pm											
	05:00 pm	DBF										
	06:00 pm						Not passed			24ml		
	07:00 pm	DBF										
<b>Total Intake :</b>					<b>Total Output :</b> U - 2 M - 0							
	08:00 pm											suman
	09:00 pm	DBF										suman
	10:00 pm											suman
	11:00 pm	DBF										suman
	12:00 am											suman
	01:00 am	DBF										suman
<b>Total Intake :</b>					<b>Total Output :</b> U - 1 M - 0							
	02:00 am											suman
	03:00 am	DBF										suman
	04:00 am											suman
	05:00 am	DBF										suman
	06:00 am											suman
	07:00 am	DBF										suman
<b>Total Intake :</b>					<b>Total Output :</b> U - 2 M - 0							
<b>Total 24 hrs. Intake</b>												
<b>Total 24 hrs. Output</b>		U - 7 M - 1										



# FLUID CHART

Sheet No. : .....

3

30/5/26

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
	08:00 am									✓		Sush
	09:00 am	DBF	DBF								10g w Cannula	Sush
	10:00 am											Sush
	11:00 am	DBF	DBF	FF	13ml					✓		Sush
	12:00 pm											Sush
	01:00 pm	DBF	DBF				✓					Sush
<b>Total Intake :</b>					<b>Total Output : M-1 U-2</b>							
	02:00 pm											Sush
	03:00 pm		DBF									Sush
	04:00 pm						✓					Sush
	05:00 pm		DBF							✓		Sush
	06:00 pm											Sush
	07:00 pm		DBF				✓					Sush
<b>Total Intake :</b>					<b>Total Output : M-2 U-1</b>							
	08:00 pm											Sush
	09:00 pm		DBF									Sush
	10:00 pm						✓			✓		Sush
	11:00 pm		FF									Sush
	12:00 am											Sush
	01:00 am	EBM	10ml									Sush
<b>Total Intake :</b>					<b>Total Output : U- M-</b>							
	02:00 am											Sush
	03:00 am	FF	12ml	5.5ml			Not pass			10ml	0	Sush
	04:00 am			5.5ml								Sush
	05:00 am	FF	12ml	5.5ml			Passes			10ml	0	Sush
	06:00 am			5.5ml								Sush
	07:00 am	FF	12ml	5.5ml			Not pass			12ml	0	Sush
<b>Total Intake :</b>					<b>Total Output : 32ml</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 2.1 cal for day

# FLUID CHART

Sheet No. : .....

31/5/26 TR - 100 cc  
 SOT - 215 cc  
 TF - 21ml

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am				5.5ml								
	09:00 am	FF	12ml		5.5ml					9ml			
	10:00 am				5.5ml								
	11:00 am	FF	12ml		5.5ml					5ml			
	12:00 pm				5.5ml					8ml			
	01:00 pm	FF	2ml	Moore	Stop								
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm	FF	2ml							10ml			
	04:00 pm												
	05:00 pm	FF	2ml							5ml			
	06:00 pm												
	07:00 pm	FF	2ml							9ml			
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm	FF	2ml	30ml						10ml			
	10:00 pm												
	11:00 pm	FF	2ml	30ml						12ml			
	12:00 am												
	01:00 am	FF	2ml	30ml						10ml			
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am	FF	2ml	30ml						10ml			
	04:00 am												
	05:00 am	FF	2ml	30ml						12ml			
	06:00 am												
	07:00 am	Don pro	2ml	30ml						9ml			
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake** 109cc/kg/day

**Total 24 hrs. Output** 109cc/kg/day

Patient Sticker

26/26

3AH-00657528  
Baby Of: V. SAHITYA MADHURI (F)  
19-05-2026  
Dr. NALINIKANTA PANIGRAHY

**FLUID CHART**

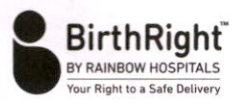
TU = 120cc/kg/day  
B.Wt = 2.5 kg  
TF = 25ml

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am	Man pro 30ml	←	←	←		Small passed	NO		16ml	0		self
	10:00 am												
	11:00 am	Man pro 30ml					-			20ml	0		self
	12:00 pm												
	01:00 pm	DBF 30ml					passed			15ml	0		self
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm	Man pro 30ml					-			18ml	0		self
	04:00 pm												
	05:00 pm	Man pro 30ml					-			20ml	0		self
	06:00 pm												
	07:00 pm	Man pro 30ml					-			16ml	0		self
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm	ff 20ml									0		self
	09:00 pm										0		self
	10:00 pm										0		self
	11:00 pm	DBF									0		self
	12:00 am										0		self
	01:00 am										0		self
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am	DBF - ff 30ml									0		self
	03:00 am										0		self
	04:00 am										0		self
	05:00 am	DBF - ff 15ml									0		self
	06:00 am										0		self
	07:00 am										0		self
<b>Total Intake :</b>			Taleen			<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							
						669 ml							

BAH-00657528 IP5-00174473  
 Baby Of: V. SAHITYA MADHURI (F)  
 29-05-2026 0 Y 0 M 3 D  
 Dr. NALINIKANTA PANIGRAHY

# 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 Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								

**Total 24 hrs. Intake**

**Total 24 hrs. Output**