Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174593 **Admit Date** : 01-Jun-2026 **Admit Time** : 10:42 AM **UHID** : BAH-00552171

Patient Details :

Patient Name	: Master NENAVATH RIYANSH RATHOD	**Age**	: 3 Y 8 M 5 D
Guardian	: Mr NENAVATH BALU	**DOB**	: 27-09-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 7-15, BOORING THANDA, Mohammadabad Mahabubnagar Telangana INDIA 509337	**Phone No**	: 9445027833/ 7893777036
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 01 **Ward Name** : 1B-EMERGENCY

Room No : ER 01 **Admission Type** : First Visit

Contact Details :

Name : Mr NENAVATH BALU **Relationship** : Father

Contact Address : H NO 7-15, BOORING THANDA, Mohammadabad Mahabubnagar Telangana INDIA 509337 **Phone No** : 9445027833 / 7893777036

Signature

Doctor Details :

Doctor Name : Dr. PRASANTHI ARIPIRALA **Specialisation** : PEDIATRIC NEUROLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant : Dr. JAPA AVINASH

Payment Details :

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

Payor Name : SELFPAY

BAH-00552171 IP5-00174593
Master NENAVATH RIYANSH
27-09-2022 3 Y 8 M 5 D (M)
Dr. PRASANTHI ARIPIRALA

Doc. No. : RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 02/6/26 Time:	12	4	8AM
Doctor / Nurse / Family Concern?	AM	AM	

Temperature (F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 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

100 (76) 59 | 86 (69) 57 | 96 (61) 52

Heart Rate (Number)	112bpm	102bpm	116bpm

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

70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	24bpm	24bpm	28bpm
Resp Distress (Mod/ Severe / None / Mild)			
Receiving O_2(l/min) O_2Saturations (%)	98%	97%	97%
Conscious Level (Normal / Altered)			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes			
Pain Score	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]

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.

Patient Sticker

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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)

H-00552171 IP5-00174593
aster NENAVATH RIYANSH
7-09-2022 3 Y 8 M 5 D (M)
Dr. PRASANTHI ARIPIRALA

Doc. No. : RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7/6 ..... Time:	4:0pm	8:1pm
Doctor / Nurse / Family Concern?		

Temperature (F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94

98.6F ⊙ | 98.0F ⊙

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

106 (65) ↓55 | 90 (82) ↓56

Heart Rate (Number)	109bpm	112bpm

Resp. Rate (bpm) (Over 1 Minute) * — 70 / 60 / 50 / 40 / 30 / 20 / 10

⊙

Resp Rate (Number)	26bpm	24bpm
Resp Distress (Mod/ Severe / None / Mild)		
Receiving O_2 (l/min)		
O_2 Saturations (%)	98%	100%
Conscious Level (Normal / Altered)		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes		
Pain Score	0	0/10
Observer's Initials	[illegible]	[illegible]

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

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ACTIVITY RECORD FOR BILLING

Name :_____

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Master NENAVATH RIYANSH
27-09-2022 3 Y 8 M 5 D (M)
Dr. PRASANTHI ARIPIRALA

UHID No. : _____ _____Consultant: _____Dept : _____

Date of Admis _____Date of Discharge : _____Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6	11:20Am	ER	-	Ramadevi

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Prashanthi Aripirala Date : 01/06/26.

Type of Admission: ☐ OPD ☑ ER ☐ Referral (if referral, Doctor's Name: .....

Start Time of Assessment: 10:20 Am. Weight: 13.66 kg.

Allergic History: .....

Chief Complaints:
40 Drug refractory Epilepsy
Developmental Delay
? IGS
? CUASE
L
V.EEG -
Admitted for Long term EEG.

Pediatric Assessment Triangle

A Appearance - TICLS (WNL)

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

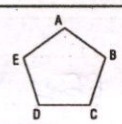
C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: on ketogenic diet.
Medication History: on 2a antiEpileptics — valproate, CLO = nitrazepam, Stiripentol
Relevant Investigations: whole Exome sequencing => Intellectual development disorder with Autism & Macrocephaly (Autosomal dominant)

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing
Rate: 24/mt SpO_2 on FiO_2 98% on RA
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: Bilateral
Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 124/min CFT [Central ..... Peripheral .....]

BP: 92/52 (62) mmHg

Pulse Volume: [Central ..... Peripheral .....]

If in Shock: [Compensated ..... Hypotensive .....]

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Any urgent interventions needed: ☐ Yes ☒ No

If Yes .....

Disability

GCS: ..... AVPU: .....

Pupils: [Responsive ☐ Non-Responsive ☐] Size [Right ..... Left .....]

Active Seizures: ☐ Yes ☐ No Sugars: .....

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☒ No

If Yes .....

Exposure

Temp.: 100°F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☒ No

If Yes .....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest ☐ Shock - Compensated ☐ Hypotensive ☐ ☐ Cardiopulmonary Arrest ☒ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: .....

Labs Planned:

MRI - mild cerebral atrophy.
EEG - posterior dominant generalized spikes/ Hypsarrhythmia
Genetics - CTDS - WES AD.

Treatment Planned:

VEEG - Long term EEG, × 24 hours.
(MRI - done on 7/5/21)

Need for Oxygen: ☐ Yes ☐ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): Dev. epileptic Epilepsy

Assessment done by
Name of the Doctor: N. Pedwish
Signature: N. Pedwish
Date & Time: 01/08/21, 10:30 am

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor: .....
Signature: .....
Date & Time: .....

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Master NENAVATH RIYANSH
27-09-2022 3 Y 8 M 5 D (M)
Dr. PRASANTHI ARIPIRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/25 11:42 PM	DD/ Drug refractory Epilepsy & Autism	plan - long term VEEG - 24 hours - keto diet - monitor vitals. Noted By Lavanya (01469S) 01/06/25 @ 11:30 PM

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 01/06 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 .....

BAH-00552171 IP5-00174593
Master NENAVATH RIYANSH
27-09-2022 3 Y 8 M 6 D (M)
Dr. PRASANTHI ARIPIRALA

REGULAR PRESCRIPTIONS

Weight. 13.66kg Ward. GR

Dose	Route	Frequency	Start Date	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

IP5-00174593
Master NENAVATH RIYANSH
27-09-2022 3 Y 8 M 6 D (M)
Dr. PRASANTHI ARIPIRALA

Weight. 13.6619 Ward. GR

DRUG :	Date▸ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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.	

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

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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

Master NENAVATH RIYANSH
27-09-2022 3 Y 8 M 5 D (M)
Dr. PRASANTHI ARIPIRALA

I.V. FLUIDS CHART

Weight. 13.66kg Ward. CK

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

Signature .....

VERIFIED BY : Name .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
	Tab. Cobazam 5mg	1–1½	PO	BD	01/06/26	☐ C ☐ DC
2	T. Encorate 200mg	1–1½	PO	BD	01/06/26	☐ C ☐ DC
3	T. ZONISAMIDE 100mg	½–½	PO	BD	01/06/26	☐ C ☐ DC
4	Syp. (BD 0.5 ml)	0.5–0.5	PO	BD	01/06/26	☐ C ☐ DC
5	Tab. LAMOTRIGINE 25mg	½–½ 1 week. ½–½ to continue	PO	BD.	01/6/26.	☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : N. Preethi. N.P

Date & Time : 01/06/26 10:40am.

Nurse Name & Signature: Lavanya

Date & Time : 01/06/26 @ 10:40am

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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.....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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01/06.

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am				NA							
	09:00 am											
	10:00 am											
	11:00 am										0	Rachel
	12:00 pm										0	
	01:00 pm	H2O	100ml	–	–	–	–	+	–	✓	0	
Total Intake :		100ml				**Total Output :** U-1						
	02:00 pm										0	
	03:00 pm										0	
	04:00 pm										0	Rachel
	05:00 pm	H2O	200ml	–	–	–	–	–	–	✓	0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :		200ml				**Total Output :** U-2						
	08:00 pm										NA	df
	09:00 pm									✓	NA	df
	10:00 pm	water	60ml								NA	df
	11:00 pm					Nil					NA	df
	12:00 am										NA	df
	01:00 am	water	80ml							✓	NA	df
Total Intake :		140ml				**Total Output :**				U-2		
	02:00 am										NA	df
	03:00 am									✓	NA	df
	04:00 am										NA	df
	05:00 am					Nil					NA	df
	06:00 am	water	80ml	–							NA	df
	07:00 am									✓	NA	df
Total Intake :		80ml				**Total Output :**				U-2		

Total 24 hrs. Intake	470ml	Total 24 hrs. Output	U-7

BAH-00552171 IP5-00174593
Master NENAVATH RIYANSH
27-09-2022 3 Y 8 M 5 D (M)
Dr. PRASANTHI ARIPIRALA

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. : (2)

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
2/6	09:00 am	H2O	100ml	+	—	—	—	—	—	✓	0	RD
	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**	