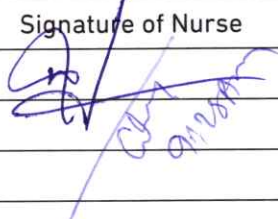


ACTIVITY RECORD FOR BILLING

Name: ----- KOH-00304160 IP2-00056406 -----
 UHID No : ----- IP Master GOVIND ISHAN KARTHIK 11-03-2021 5 Y 2 M 17 D (M) Dr. DR.M KIRANMAYI ----- .tant : ----- Dept : -----
 Date of Admission : -----  ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

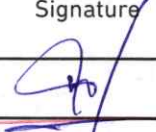


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	9:28 AM	ER	309	

Cross Consultation Visit

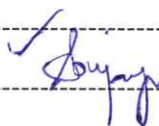
	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5/26	Rv Cannulation	1	341101	
In ER cross check done by Ujjwal 28/5/26				
28/5/26	N.H.A	①	941132	
Cross checked by ce 28/5/26 → 204				
		②		

ANY OTHER INFORMATION


OP file given to parents

✓ 

Date: 28/5/26

Time: 8:30 am

Prepared By: 

<p>Staff Nurse</p>  <p>28/5/26</p>	<p>Shift / Ward</p> <p>ER to 309</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
--	--	--------------------------	---------------------------



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

KOH-00304160 IP2-00056406
Master GOVIND ISHAN KARTHIK
11-03-2021 5 Y 2 M 17 D (M)
Dr. DR.M KIRANMAYI



Patient Name:

Govind Ishan

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Abd. pain since 3-4 dy

History of present illness :

Abd pain since 3-4 days
~~at~~ yesterday morning better
but since night
continuous pain
Not able to sleep

passed stool

USG : Mentative LU in right iliac zone
few fecal loaded bowel loop
Transient pleocytic intraventricular

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

TLCIAD

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :

Up to date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____)

Weight (kgs)) 19.744 (Centile _____)

On Examination :

Temperature : n Pulse Rate : 108 B.P. 105/79 SPO2 100%

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____ N

Air entry & breath sounds : _____ BAE CM

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : _____ N

Heart Sounds : _____ S1S2 CM

Any murmur : _____

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____ N

Palpation : _____ soft

Ausculation : _____

Spine : _____ External Genitelia : _____

Relevant data from outside (CT, USG etc.,) _____

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

_____ Acute enterocolitis



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

Planned Management

✓
CRP, CRP

✓
S-Electrolytes

✓
LFT

noted by Ujjwal
(U) @ 28/5/26

✓
P- cephtriaxone

✓
P- pantop

✓
NPO

✓
IV fluids

Signature of the Doctor: Heav

Signature of the Consultant: _____

Name of the Doctor: Heav

Name of the Consultant: _____

Date & Time: 28/5/26, 5pm

Date & Time: _____



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2021	S/B for Kiranmayi	
11 AM	A = Acute enterocolitis - Habitual constipation	
	e/o Abdominal pain on & off	
	nausea +	<u>Adv</u>
	o/e - stable	o soft diet
	p/A - soft nontender	o neotonic enema stat.
	fecal mass felt at hypochondriac	
	region	
	C/ugr = AE BB Clean	o 11 AM
	Notes by CG 28/5/21	



ORDER 2'S NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5 9.30am	S/B on Kiranmayi	
	L = Acute enterocolitis = Habitual constipation	
	Abd. pain - better No issues	
	D/E - Aler VITAMIN A/B6 CNS, S ₂ C Di. BAC C	
	Plt = soft	<p><u>Adv</u></p> <ul style="list-style-type: none"> • D/E today - Muost 2 scoops 4x daily x 3 days ↓ 2 scoops at night x 2 months
<p>29/5 Kiranmayi</p> <p>noted by Canya 20/5/21 9.30am</p>		<ul style="list-style-type: none"> - Syp. smuths x 2wks - Flu Monday

KOH-00304160 IP2-00056406
 Master GOVIND ISHAN KARTHIK
 11-03-2021 5 Y 2 M 17 D (M)
 Dr. DR.M KIRANMAYI



RESULT SHEET



Date	28/5/26				
Time	9AM				
Hb	15.1				
PCV	43.7				
RBC	5.51				
WBC	16.83				
N/L					
Platelets	477				
CRP	5.0				
ESR					
PCT					
RBS					
Na	135				
K	4.6				
Cl	101				
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP	187				
SGPT	11				
SGOT	20				
T.Bill/Conj	0.4 < 0.2				
T.Protein	7.6				
S.Albumin	3.8				
S.Globulin	3.9				
A/G Ratio	0.9				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					

KOH-00304160 IP2-00056406
 Master GOVIND ISHAN KARTHIK
 11-03-2021 5 Y 2 M 17 D (M)
 Dr. DR.M KIRANMAYI



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: ER Shifted to: 309

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Paul

Date & Time : 28/5/26 @ 8.30 am

Nurse Name & Signature : Ujjwal @ @

Date & Time : 28/5/26 @ 8.30 am

28/5/20

1 tab Pantop. 20mg

$$\frac{20\text{mg} \times 4\text{ml}}{40\text{mg}} = 2\text{ml}$$

2 tab Ondansetron 3mg

$$\frac{3\text{mg} \times 2\text{ml}}{4\text{mg}} = 1.5\text{ml}$$

2 tab Ceftriaxone 1gm

$$\frac{1\text{gm} \times 10\text{ml}}{1\text{gm}} = 10\text{ml} \text{ (at } 100\text{mg/ml)}$$

KOH-00304160 IP2-00056406
 Master GOVIND ISHAN KARTHIK (M)
 11-03-2021 5 Y 2 M 17 D
 Dr. DR.M KIRANMAY

DRUG CHART

Date of Admission: 25/05/26 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

REGULAR PRESCRIPTIONS

Weight. 28 19.10 kg Ward. 3 3rd floor



DRUG : MUOUT POWDER				Date Time	28/5	29/5														
Dose	Route	Frequency	Start Date																	
2 scoops	PO	BD	28/5																	
Name & Signature of the Doctor Starting the Drugs: <i>Hau</i>																				
Additional Instructions: 2 scoops in 120ml of water																				
Daily Doctor's Endorsement by a Sign																				

DRUG : Symp. SMUTH				Date Time	28/5	29/5														
Dose	Route	Frequency	Start Date																	
5ml	PO	OD	28/5																	
Name & Signature of the Doctor Starting the Drugs: <i>Hau</i>																				
Additional Instructions: At night																				
Daily Doctor's Endorsement by a Sign																				

DRUG : P. PANTOPRAZOLE				Date Time	28/5	29/5														
Dose	Route	Frequency	Start Date																	
20mg	IV	OD	28/5																	
Name & Signature of the Doctor Starting the Drugs: <i>Hau</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : P. CEFTRIAXONE				Date Time	28/5	29/5														
Dose	Route	Frequency	Start Date																	
1gm	IV	BD	28/5																	
Name & Signature of the Doctor Starting the Drugs: <i>Hau</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

KOH-00304160 IP2-00056406
Master **GOVIND ISHAN KARTHIK**
11-03-2021 5 Y 2 M 17 D (M)

Patient Name	Dr. DR.M KIRANMAYI	I.P. No.	Sheet No.	Wards	Weight (kg)
			②	5th	19.10kg

REGULAR PRESCRIPTIONS

DRUG : Ondansetron				Date	28/5	29/5													
Dose	Route	Frequency	Start Dt.	Time	AM 10:10	AM													
3mg	IV	TID	28/5																
Name & Signature of the Doctor starting the Drugs:				HAW 28/5/2021 29/5/2021 30/5/2021 31/5/2021 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 28/5/2021 29/5/2021 30/5/2021 31/5/2021															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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

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

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		①	30/11/19	19.70 kg

REGULAR PRESCRIPTIONS

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

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

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

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

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.	

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
28/5	9am	4-BUSCOPAN	10mg	IV	Heau	AK
		NEOTONIC ENEMA		P/R	AK	
28/5	8:40pm	Inj-BUSCOPAN	10mg	IV		AK
						AK

VERIFIED BY Signature

209

Patient Sticker
Govind Ishaan Kaethik

5y2m

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/11/21 Time: 9pm

Weight: 19kg Centile: 3rd Centile

Height: Centile: -

Inference: malnourished

RDA: Calories: 1600 cal/day Protein: 30gm/day

Diet Recommendations: soft diet

Re-Assessment:

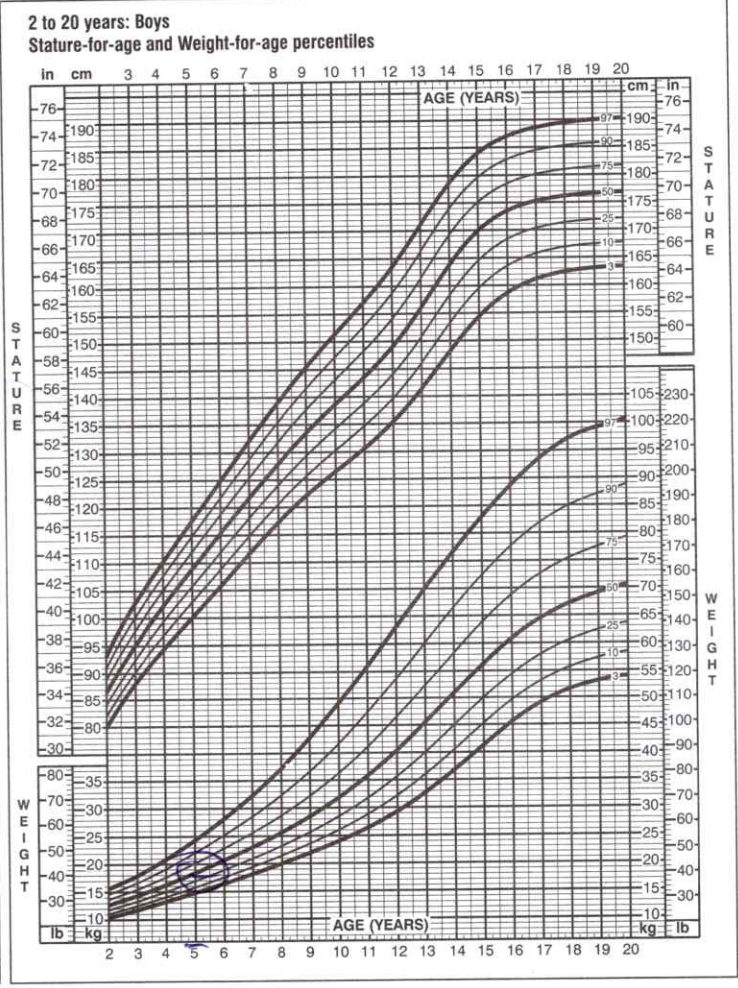
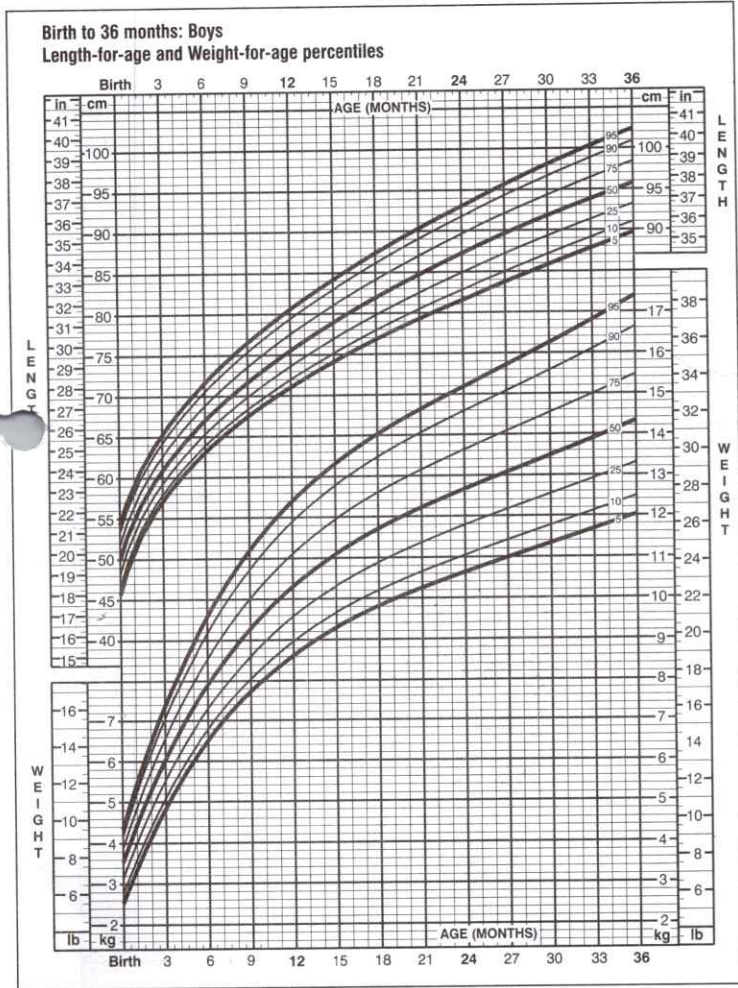
Food Allergies: NO allergies Veg/Non-veg

Diagnosis: Acute enterocolitis

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: Lakshmi

Dietician's Signature: [Signature]



.Pulse Rate : Normal Rate by Age (beats/minute) Reference:PALS Guidelines, 2015

Age	Awake Rate	Sleeping Rate
Neonate(<28days)	100-205	90-160
Infant (1 month-1yr)	100-180	90-160
Toddler (1-2yr)	98-140	80-120
Preschool (3-5 yr)	80-120	65-100
School -age (6-11yr)	75-118	58-90
Adolescent (12-15yr)	60-100	50-90

Respiratory Rate: Normal Respiratory Rate by Age (breaths/minute) Reference:PALS Guidelines, 2015

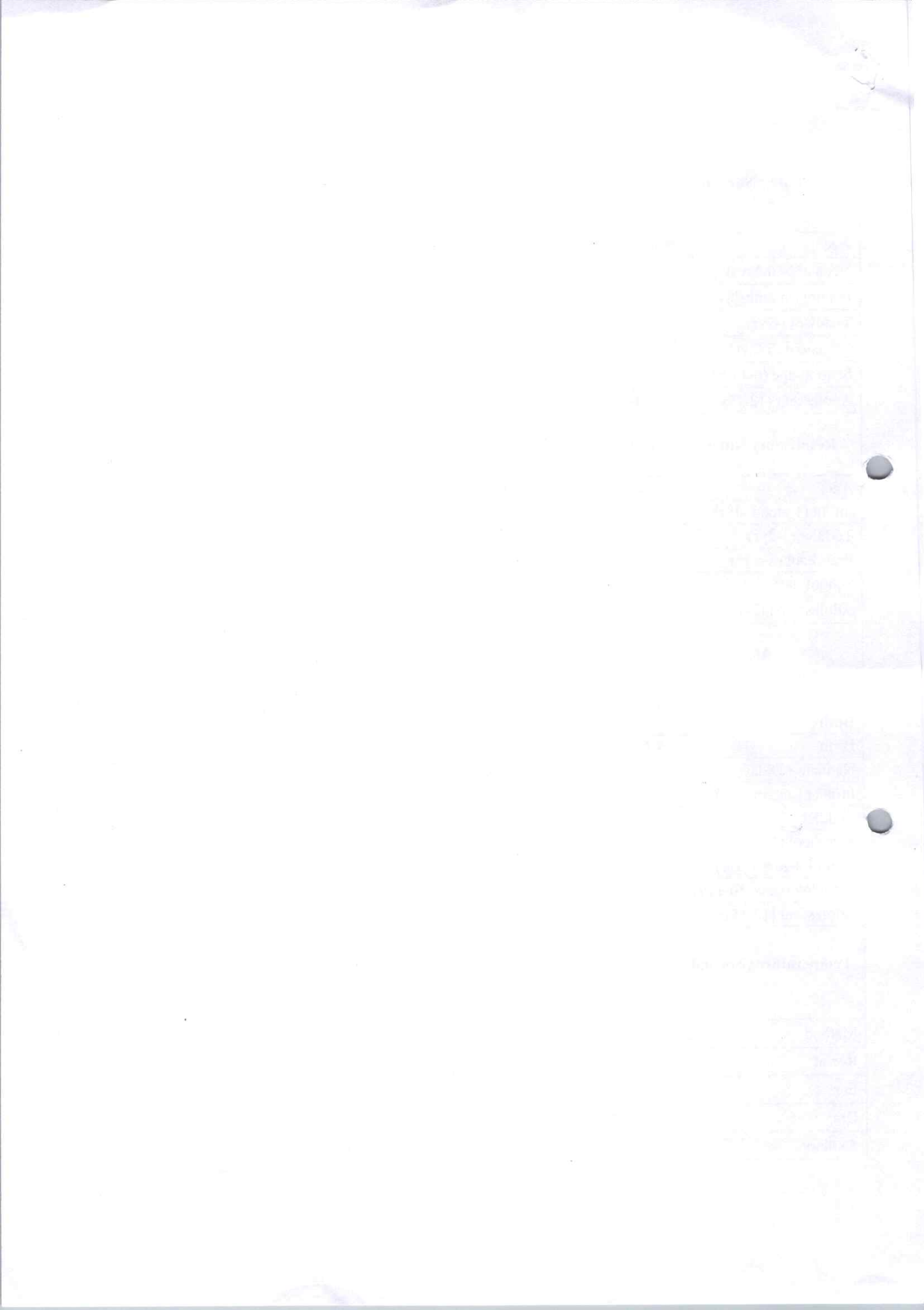
Age	Normal Respiratory Rate
Infant (1 month-1yr)	30-53
Toddler (1-2yr)	22-37
Preschool (3-5 yr)	20-28
School -age (6-11yr)	18-25
Adolescent (12-15yr)	12-20

Blood Pressure:Normal Blood Pressure by Age (mm/hg) Reference:PALS Guidelines, 2015

Age	Systolic Pressure	Diastolic Pressure	Systolic Hypo tension
Birth	39-59	16-76	<40-50
Birth	60-76	31-45	<50
Neonate(<28days)	67-84	35-53	<60
Infant (1 month-1yr)	72-104	37-56	<70
Toddler (1-2yr)	86-106	42-63	<70 + (age in years x 2)
Preschool (3-5 yr)	89-112	46-72	<70 + (age in years x 2)
School -age (6-11yr)	97-115	57-76	<70 + (age in years x 2)
Pre-adolescent (10-11y)	102-120	67-80	<90
Adolescent (12-15yr)	110-132	64-83	<90

Temperature :Normal Temperature Range by Method Reference: CPS Position Statement on Temperature Measurement in Pediatrics, 2015

Method	Normal Range (°C)	Normal Range (°F)
Rectal	36.6-38	97.8-100.4 °F
Ear	35.8-38	96.4-100.4 °F
Oral	35.5-37.5	95.9-99.5 °F
Axillary	36.5-37.5	97.7-99.5 °F



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)

28/5/26

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	D	H ₂ O	60ml							0	M
	09:00 am	D	H ₂ O	60ml						0		
	10:00 am	S	DNS	60ml						0		
	11:00 am	S	DNS	60ml						0		
	12:00 pm	S	DNS	60ml					✓	0		
	01:00 pm	S	DNS	60ml						0		
Total Intake :			H ₂ O + DNS 300ml			Total Output :					U-1 M-0	
	02:00 pm			60ml							0	M
	03:00 pm		Water	60ml						0		
	04:00 pm	D	Melon + H ₂ O	60ml		✓			✓	0		
	05:00 pm	S	DNS	60ml						0		
	06:00 pm	S	DNS	60ml						0		
	07:00 pm	S	DNS	60ml						0		
Total Intake :			Watermelon + H ₂ O, DNS, 360ml			Total Output :					U-1 M-1	
	08:00 pm	D	Water	60ml						0	M	
	09:00 pm	N	Water	60ml						0		
	10:00 pm	S	Melon + H ₂ O	60ml						0		
	11:00 pm	S	H ₂ O	60ml						0		
	12:00 am			60ml						0		
	01:00 am			60ml						0		
Total Intake :			Water melon + H ₂ O + DNS - 360ml			Total Output :					U-1 M-0	
	02:00 am	D		60ml						0	M	
	03:00 am		H ₂ O	60ml						0		
	04:00 am	N		60ml					✓	0		
	05:00 am	S		60ml						0		
	06:00 am	S		60ml						0		
	07:00 am			60ml						0		
Total Intake :			H ₂ O + DNS - 360			Total Output :					U-1 M-0	
Total 24 hrs. Intake		water melon H ₂ O + DNS - 720ml				Total 24 hrs. Output		U-4 M-1				

KOH-00304160 IP2-00056406
 Master GOVIND ISHAN KARTHIK
 11-03-2021 5 Y 2 M 17 D (M)
 Dr. DR.M KIRANMAYI



29/5/26



FLUID CHART

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.

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												
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							