

DISCHARGE TRACKING SHEET

UHIE ANC-00007219
Mrs GITANJALI NR
06-06-1998 27 Y 11 M 24 D (F)
Dr. N SUNITHA


CONSULTANT NAME: DR.

IP28-00004480


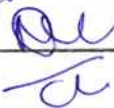


	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing				
Activity Sheet updated by Pharmacy		11:45 Am	MS	

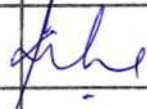
ACTIVITY RECORD FOR BILLING

ANC-00007219 IP28-00004480
 Name: Mrs GITANJALI N R
 06-06-1998 27 Y 11 M 22 D (F)
 Dr. N SUNITHA
 UHID No:  Consultant: Dr. Sunita Dept: 04
 Date of Admission: 28/5/26 Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	7pm	post part	1st floor	
29/5/26	12:30 pm	LDR-T	1st floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Renuka Sudan	29/5/2026	47558	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5/26	CTG	1	4031 ✓	PR
4	CTG	2	4038 ✓	PR
4	IV placement	1	7463 ✓	PR
4	Catheterization [toilet]	1	7463 ✓	PR
4	CTG	1	4041 ✓	PR
29/5/26	Nutritional Assessment	1		SRP

ANY OTHER INFORMATION:

..... normal delivery day
 Dr. Sunitha

Date: 30/5/26 Time: 11 AM Prepared By: *[Signature]*

Staff Nurse <i>[Signature]</i>	Shift / Ward	Billing Assistant	Billing Supervisor
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ANC-00007219
Mrs GITANJALI NR
06-06-1998
Dr. N SUNITHA 27 Y 11 M 22 D (F)
IP28-00004480

Patient Sticker



IP ADMISSION SHEET FOR **ICS**

Presenting Complaints

Clb Decreased
feto movement

LMP: 26/02/2025

EDD: 02/06/2026

Corrected EDD:

GA: 39+2w

Obstetric Formula:

mito pain abdo

Menstrual History: Regular: Yes No

Obstetric History:

GrA1

Obstetric Examination

Fundal Height:

variable

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: UB

FHS: Normal Tachy Brady Absent

Present Pregnancy Record:

A1 - 2015 | Chemical pregnancy

RISK FACTORS:

Hypothyroid

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

Height: 156 cm

Weight: 69.4 kg

Allergies: NSAIDS

Breast: Normal Abnormal

General Examination:

Consciousness: 2/0

Pallor: 3/0

Icterus:

Edema: 3/0

Temp:

PR: 90/min

BP: 110/80 mmHg

DTR: 2/0

CVS: 2

RS

Liver/Spleen:

Urine Output:

DIAGNOSIS

GrA1 | 39+2 weeks of GA | Hypothyroidism for safe confinement



Family History: <p>NC</p>	Surgical History: <p>NS</p>
Medical History: <p>Hypothyroid</p>	Medication History: <p>Tab THYRONORM SOMCG.</p>
Plan of Care: <p>Admission ↓ Surgery ↓ postoperative care ↓ Discharge.</p>	Investigations: <p>AB +ve 13/5/2026 PT INR/APTT - 14.8/104/336 4/5/2026 sugar - 6phalic pla - anterior AFI - 14.6. FW - 2.91g. Single loop of cord was seen ECG/2D ECG - ⊖ 2/5/26 Hb - 11.6. Pvc - 37-2.</p>

Doctor Name: Dr. Chaitra
Signature: [Signature]
Date & Time: 28/05/26 5PM

Consultant Name: Dr. Sunitha N.
Signature: [Signature]
Date & Time: 28/5/26 5PM

ANC-00007219 IP28-00004480
 Mrs GITANJALI N R
 06-06-1998 27 Y 11 M 22 D (F)
 Dr. N SUNITHA

Patient



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9:45pm	d/s/b - <u>Dr. Sunitha</u>	ALLERGIC TO NSAIDS
	pf reviewed Able to pfm well.	
<u>NST-Reactive</u>	o/e: Hydration fair. Afebrile no pallor, no pf	
	s/e cvs) mso ns	
	p/p ut s form not acting FH @ good	
	plv ca 75% effaced, os closed, posterior vx at -3 station	
	V/SAP. Foley's Catheter was introduced using 20ml of distilled between internal & external os	
	T.Miso 50mg plv kept stat @ 10pm.	
		Advice - wlt Contraception - CTG @ 4th hly



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	d/s/B - Dr. Mohana	
2:00am	pt reviewed.	
	Able to perform well	
	do Abdominal pain	
CTG - Reactive	Patient had spontaneous expulsion of Foley's catheter.	
	T. Miso 500mg po given @ 2:45am.	
		Advice
		- w/ contraction
		- w/ progression of labour.
		Janif 12:50pm
29/5/26	d/s/B - Dr. Mohana	
6:30am	pt reviewed	
	do bearing down.	
	P/A ut 5 term	
	40/30 "no"	
	FH @ good	
	P/V cerv fully effaced	Advice
	P/V cerv 6cm dilated	- w/ crowning
	bulging bag of membranes	- Prepare for delivery
	vx at - 1 station	Anj 10:20am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	Labour Natural	RMLE
	<p>↓SAP, patient in dorsal lithotomy position, parts painted & draped. Bladder drained with good uterine contractions and with good maternal efforts and right mediolateral episiotomy delivered an alive Boy Baby - 1 loop of tight cord around the neck. 7:57 AM Baby cried immediately after birth. Delayed cord clamping done. Placenta & membranes delivered in toto. Uterus well contracted. Episiotomy sutured in layers. Adequate hemostasis achieved.</p>	
	PIA ut well contracted	
	PIV BwNz	
	PIR Rectal mucosa and sphincter intact	
	B Boy	Advice
	A 7:57 AM	- (N) diet, Plenty of oral fluids
	B 3.14kg	- Perineal Care
	Y 8/10, 9/10	- follow drug orders
		- DBF
		- Encourage to void



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/2026 10am	Sp De Raaga B	
	PE c/o swelling of left eye.	
	No itching, no chest heaviness, no blurred vision	
	PR- 70 bpm	
	BP- 110 / 70 mm Hg	
	SpO ₂ - 100% RA	
	P/A → 8/11 lungs wc	
	Hc → BWNC	
		C/O/w c
		Dr. Sunitha / Dr. Mahalingam
		→ Rx: Anal & stat Rx: Dexam 2mg or stat Rx: Hydrocort 100mg or stat
		- vitals monitoring → w/p further reactions
	Dr. Raaga 12/1/22	



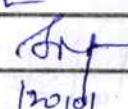
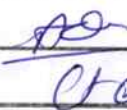
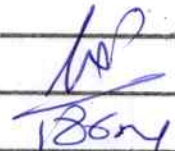
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>Lactation Report nurse on Round - Derah then.</p>	
	<p>Mother's breasts - lump nipples - erect Suck/latch - good good amount of colostrum seen Advice given.</p>	<p>Reache</p>
<p>29/5/26 12pm</p>	<p>of <u>B Discharge</u> Pt relieved - left eye swelling reduced voided - 200ml of aspirin Apelili vitals stable</p>	<p>Adv - Shift to ward - DBF - w/c ↑ bleedly Plv - follow day chart</p>
	<p>P/A - Rte Monitor WC</p>	
	<p>Uc - Bwnc</p>	
	<p>Secretions good</p>	

[Handwritten signature]
 12/11/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/2026 2 pm	S/R Dr. Sivasanuja	
(PND-0) T-(N)	Patient reviewed, no complaints, vitals stable.	
BP - 110/80 mmHg PR - 82/min	O/E - Afebrile, no pallor P/A - Soft, uterus well contracted,	
	L/E - Bleeding pv WNL	Adv:  120101
		- (N) diet - DBF - Perineal care
29/5/26 10.30 AM	S/R Dr. Sivasanuja apt in cooperation	
✓	P/A Soft uterus well contracted	 Chall
✓	P/A Soft uterus well contracted	 18604



REGULAR PRESCRIPTIONS

Weight. 69 kg Ward. 108

DRUG : T. PHEXIN

Dose	Route	Frequency	Start Date	Date Time
500mg	PO	1-0-1	29/5/20	10:30 AM

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 10 PM

Daily Doctor's Endorsement by a Sign

DRUG : T. PAN

Dose	Route	Frequency	Start Date	Date Time
40mg	PO	1-0-1	29/5/20	10:00 AM

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 10 AM, 6 PM

Daily Doctor's Endorsement by a Sign

DRUG : T. ACTON OR

Dose	Route	Frequency	Start Date	Date Time
1g	PO	1-1-1	29/5/20	10 AM

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 6 Not given PM

Daily Doctor's Endorsement by a Sign

DRUG : C. BECOSULES

Dose	Route	Frequency	Start Date	Date Time
1 tab	PO	0-1-0	29/5/20	10:30 AM

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

ANC-00007219
 Mrs GITANJALI N R
 06-06-1998 27 Y 11 M 23 D (F)
 Dr. N SUNITHA

IP28-00004480



REGULAR PRESCRIPTIONS

Weight 69 kg Ward M-FL

Sheet No:

DRUG : TAB THYRONORM				Date-Time	30/5
Dose	Route	Frequency	Start Dt.		
50 mg	PO	1-0-0	29/5	6 AM	01/21
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					

VERIFIED BY : Name Signature

ANC-00007219 IP28-00004480
 Mrs GITANJALI N R
 06-06-1998 27 Y 11 M 23 D (F)
 Dr. N SUNITHA



REGULAR PRESCRIPTIONS Weight 6.9 kg Ward N1 Floor

Sheet No: 17

DRUG : <u>Tab DOCO</u>				Date-Time
Dose	Route	Frequency	Start Dt.	
<u>650mg</u>	<u>po</u>	<u>1-1-1</u>	<u>28/5</u>	<u>10:30 AM</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>[Signature]</u>				<u>3 pm</u>
Additional Instructions:				<u>11 pm</u>
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				

VERIFIED BY : Name Signature



Weight 67 kg Ward CDR

VARIABLE DOSE		Date/Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE		Date/Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5/26	10 pm	T. Dolo	650mg	P/O	[Signature]	PR 021142
28/5/26	10 pm	T. MISOPROSTOL	50mcg	P/V	[Signature]	PR 021142
29/5/26	3 AM	T. MISOPROSTOL	50mcg	P/O	[Signature]	PR 021142
29/5/26	7 AM	ENEMA	1	P/R	[Signature]	PR 021142
29/5/26	8-10 am	Im METHERGAIN	0.25mg	IV	[Signature]	PR 021142
29/5/26	8-20 am	JUSTIN SUPPOSITORY	100mg	P/R	[Signature]	PR 021142
29/5/26	10 am	INJ AVIL	1 amp	IV	[Signature]	[Signature]
29/5/26	10 am	INJ - DEXA	8mg	IV	[Signature]	[Signature]
29/5/26	10 am	INJ HYDROCORT	100mg	IV	[Signature]	[Signature]

VERIFIED & Name: Signature

ANC-00007219 IP28-00004480
 Mrs GITANJALI NR
 06-06-1998 27 Y 11 M 23 D (F)
 Dr. N SUNITHA



.....MEDICATION RECONCILIATION FORM

Drug Allergies: Allergic to NSAID 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: LDR-T Shifted to: ICU Floor

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	TAB PHEXIN	500 mg	P/O	1-0-1		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB AERONOR	1 gm	P/O	1-1-1		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB PAN	40 mg	P/O	1-0-1		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	CAP RETOGENES	1	P/O	1-0-0		<input checked="" 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: [Signature]

Date & Time: 29/5/26 at 12:30 PM

Nurse Name & Signature: [Signature]

Date & Time: 29/5/26 at 12:50 PM

MEDICATION RECONCILIATION

Medication Reconciliation will be done in the treating team (Example: at the time of admission)

S. No.	(GENERIC NAME CAPITAL LETTERS)	MEDICATION NAME
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

ON ADMISSION

10/15/2010

10/15/2010

10/15/2010

10/15/2010

10/15/2010

10/15/2010

10/15/2010

10/15/2010

10/15/2010

MEDICATION HISTORY REPORT

Dr. Name: _____
 Date: _____
 Time: _____
 Location: _____

Handwritten notes and signatures at the bottom of the page.

ANC-00007219 IP28-00004480
 Mrs GITANJALI N R
 06-06-1998 27 Y 11 M 22 D (F)
 Dr. N SUNITHA



MEDICATION RECONCILIATION FORM

Drug Allergies: NSAIDS 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: Preh post Shifting to: m floor

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	Tab HYKONORM	50mg	PO	DD	29/5/26 6am	<input type="checkbox"/> C <input type="checkbox"/> DC
2	Tab Zorox	200mg	PO	BD	28/5/26 5am	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	Tab Calcium	500mg	PO	BD	28/5/26 2PM	<input type="checkbox"/> C <input checked="" 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: Dr. Chentha bc 186529

Date & Time: 28/5/26 @ 7pm

Nurse Name & Signature: Muthu Muthali

Date & Time: 28/5/26 @ 7pm

MEDICATION RECONCILIATION

Medication Reconciliation will occur at the time of the patient's admission to the hospital, transfer between units, and discharge from the hospital.

Medication Reconciliation will occur at the time of the patient's admission to the hospital, transfer between units, and discharge from the hospital.

[Faint, mostly illegible handwritten notes on the left side of the page, possibly including patient information and medication lists.]

No	GENERIC NAME	DATE	TIME	DOSE	ROUTE	INDICATION
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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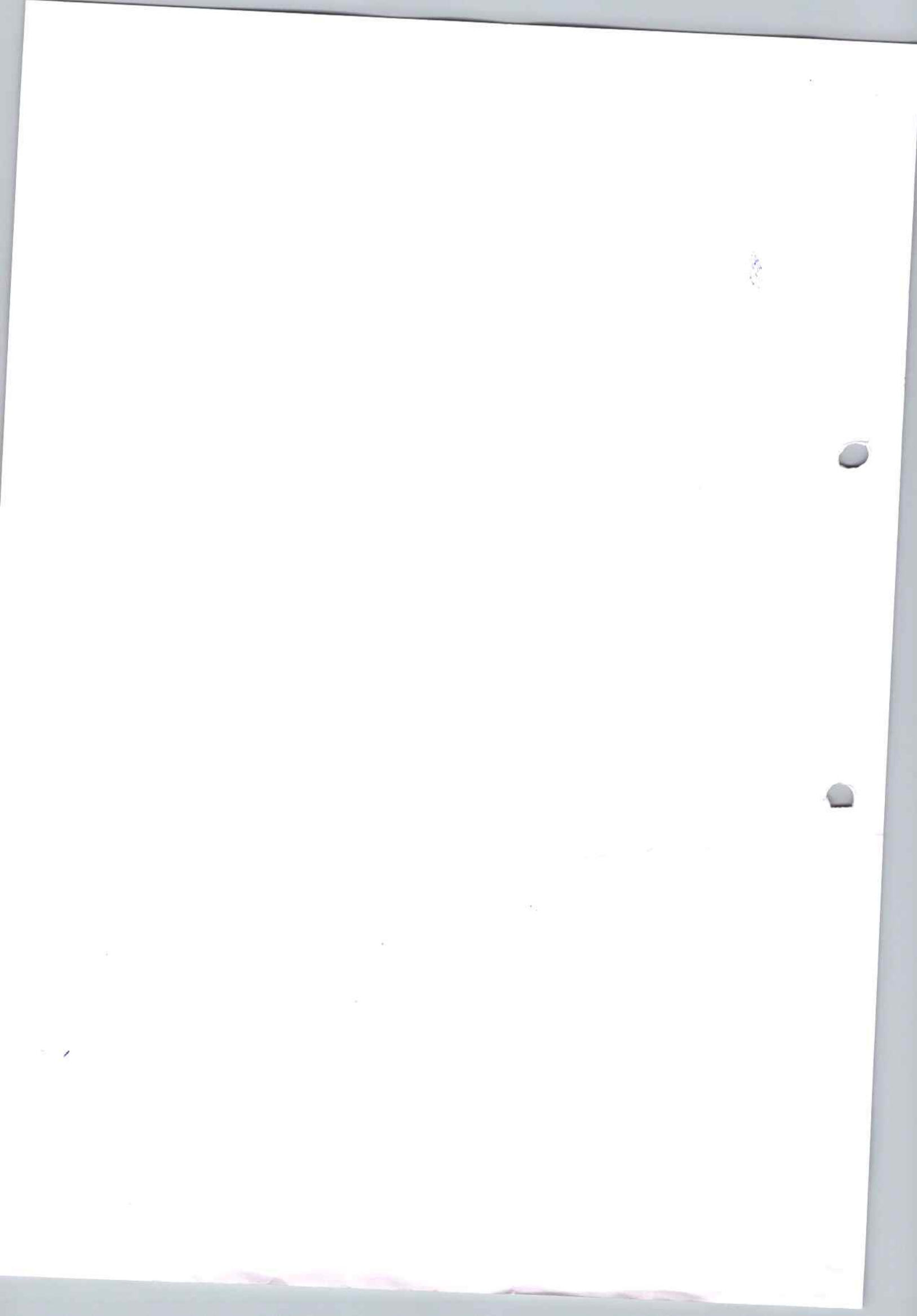
ANC-00007219 IP28-00004480
 Mrs GITANJALI N R
 06-06-1998 27 Y 11 M 22 D (F)
 Dr. N SUNITHA



Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7					
RESP (write rate in corresp. box)	> 30																													
	21 - 30																													
	11 - 20																													
	0 - 10																													
Saturations	94 - 100 %																													
	< 94 %																													
Administered O ₂ (L/min.)																														
Temp °C	40																													
	39																													
	38																													
	37																													
	36																													
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
	60																													
	50																													
40																														
Systolic Blood Pressure	190																													
	180																													
	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
60																														
50																														
40																														
Diastolic Blood Pressure	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
60																														
50																														
40																														
NEURO RESPONSE [✓]	Alert																													
	Voice																													
	Pain																													
	Unresponsive																													
URINE mls / hour	> 30																													
	< 30																													
Proteinuria	Protein ++																													
	Protein > ++																													
Lochia	Normal																													
	Heavy / Foul																													
Liquor	Clear / Pink																													
	Green																													
TOTAL YELLOW SCORES																														
TOTAL ORANGE SCORES																														
Nurse Initial																														



ANC-00007219 IP28-00004480
 Mrs GITANJALI N R
 06-06-1998 27 Y 11 M 23 D (F)
 Dr. N SUNITHA



Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date		8	9	10	11	12	-1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
Time																										
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp ^c	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	Systolic Blood Pressure	190																								
180																										
170																										
160																										
150																										
140																										
130																										
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110																										
100																										
90																										
Diastolic Blood Pressure		130																								
		120																								
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert																								
		Voice																								
		Pain																								
Unresponsive																										
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										



Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date																											
		Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
RESP (write rate in corresp. box)	> 30																												
	21 - 30																												
	11 - 20																												
	0 - 10																												
Saturations	94 - 100 %																												
	< 94 %																												
Administered O ₂ (L/min.)																													
Temp ^o C	40																												
	39																												
	38																												
	37																												
	36																												
	35																												
	< 35																												
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
	60																												
	50																												
40																													
Systolic Blood Pressure	190																												
	180																												
	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
60																													
50																													
Diastolic Blood Pressure	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
60																													
50																													
40																													
NEURO RESPONSE [✓]	Alert																												
	Voice																												
	Pain																												
	Unresponsive																												
URINE mls / hour	> 30																												
	< 30																												
Proteinuria	Protein ++																												
	Protein > ++																												
Lochia	Normal																												
	Heavy / Foul																												
Liquor	Clear / Pink																												
	Green																												
TOTAL YELLOW SCORES																													
TOTAL ORANGE SCORES																													
Nurse Initial																													



Patient



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			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			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	H ₂ O 100ml							✓	0		2
		05:00 pm											
		06:00 pm	H ₂ O 100ml							✓	0		2
		07:00 pm	Jain 100ml										
Total Intake : 350ml						Total Output : 0-2 0							
		08:00 pm									0		
		09:00 pm	H ₂ O 200ml							✓	0		} PR 021142
		10:00 pm									0		
		11:00 pm								✓	0		
		12:00 am	H ₂ O 200ml							✓	0		
		01:00 am								✓	0		
Total Intake : 400ml						Total Output : 0-3							
		02:00 am									0		} PR 021142
		03:00 am	H ₂ O 200ml							✓	0		
		04:00 am									0		
		05:00 am	H ₂ O 200ml							✓	0		
		06:00 am									0		
		07:00 am								✓	0		
Total Intake : 400ml + 500ml						Total Output : 0-3							
Total 24 hrs. Intake			2150 ml			Total 24 hrs. Output			0-8				



FLUID CHART

Sheet No. : 2

29/5/26

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

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	H ₂ O 500ml									0	[Signature]
	09:00 am	Milk 1500ml									0	
	10:00 am	H ₂ O 100ml	500ml	500ml							0	
	11:00 am	H ₂ O 100ml									0	
	12:00 pm								200ml		0	
	01:00 pm	H ₂ O 500ml									0	
Total Intake :			500ml + 500ml = 1000ml			Total Output :					200ml	
	02:00 pm										0	[Signature]
	03:00 pm	H ₂ O 200ml									0	
	04:00 pm										0	
	05:00 pm	H ₂ O 200ml									0	
	06:00 pm										0	
	07:00 pm	H ₂ O 200ml									0	
Total Intake :			600ml			Total Output :					U-2	
	08:00 pm	H ₂ O 200ml									0	[Signature]
	09:00 pm	H ₂ O 200ml									0	
	10:00 pm	H ₂ O 100ml									0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am										0	
Total Intake :			500ml			Total Output :					U-2 times	
	02:00 am										0	[Signature]
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am	H ₂ O 100ml									0	
	07:00 am	H ₂ O 100ml									0	
Total Intake :			200ml			Total Output :					U-1 time	
Total 24 hrs. Intake		2300ml				Total 24 hrs. Output		U → 200ml + 5 times M → 0				

Docu. No. : RCH / FRM / CLINICAL / 092
 0 → 1800ml
 IV → 500ml → 2300ml

Figure 1



Level	Area (sq. ft.)	Volume (cu. ft.)	Weight (lb.)
1st Floor	1000	1000	1000
2nd Floor	1000	1000	1000
3rd Floor	1000	1000	1000
4th Floor	1000	1000	1000
5th Floor	1000	1000	1000
6th Floor	1000	1000	1000
7th Floor	1000	1000	1000
8th Floor	1000	1000	1000
9th Floor	1000	1000	1000
10th Floor	1000	1000	1000
11th Floor	1000	1000	1000
12th Floor	1000	1000	1000
13th Floor	1000	1000	1000
14th Floor	1000	1000	1000
15th Floor	1000	1000	1000
16th Floor	1000	1000	1000
17th Floor	1000	1000	1000
18th Floor	1000	1000	1000
19th Floor	1000	1000	1000
20th Floor	1000	1000	1000
21st Floor	1000	1000	1000
22nd Floor	1000	1000	1000
23rd Floor	1000	1000	1000
24th Floor	1000	1000	1000
25th Floor	1000	1000	1000
26th Floor	1000	1000	1000
27th Floor	1000	1000	1000
28th Floor	1000	1000	1000
29th Floor	1000	1000	1000
30th Floor	1000	1000	1000
31st Floor	1000	1000	1000
32nd Floor	1000	1000	1000
33rd Floor	1000	1000	1000
34th Floor	1000	1000	1000
35th Floor	1000	1000	1000
36th Floor	1000	1000	1000
37th Floor	1000	1000	1000
38th Floor	1000	1000	1000
39th Floor	1000	1000	1000
40th Floor	1000	1000	1000
41st Floor	1000	1000	1000
42nd Floor	1000	1000	1000
43rd Floor	1000	1000	1000
44th Floor	1000	1000	1000
45th Floor	1000	1000	1000
46th Floor	1000	1000	1000
47th Floor	1000	1000	1000
48th Floor	1000	1000	1000
49th Floor	1000	1000	1000
50th Floor	1000	1000	1000
51st Floor	1000	1000	1000
52nd Floor	1000	1000	1000
53rd Floor	1000	1000	1000
54th Floor	1000	1000	1000
55th Floor	1000	1000	1000
56th Floor	1000	1000	1000
57th Floor	1000	1000	1000
58th Floor	1000	1000	1000
59th Floor	1000	1000	1000
60th Floor	1000	1000	1000
61st Floor	1000	1000	1000
62nd Floor	1000	1000	1000
63rd Floor	1000	1000	1000
64th Floor	1000	1000	1000
65th Floor	1000	1000	1000
66th Floor	1000	1000	1000
67th Floor	1000	1000	1000
68th Floor	1000	1000	1000
69th Floor	1000	1000	1000
70th Floor	1000	1000	1000
71st Floor	1000	1000	1000
72nd Floor	1000	1000	1000
73rd Floor	1000	1000	1000
74th Floor	1000	1000	1000
75th Floor	1000	1000	1000
76th Floor	1000	1000	1000
77th Floor	1000	1000	1000
78th Floor	1000	1000	1000
79th Floor	1000	1000	1000
80th Floor	1000	1000	1000
81st Floor	1000	1000	1000
82nd Floor	1000	1000	1000
83rd Floor	1000	1000	1000
84th Floor	1000	1000	1000
85th Floor	1000	1000	1000
86th Floor	1000	1000	1000
87th Floor	1000	1000	1000
88th Floor	1000	1000	1000
89th Floor	1000	1000	1000
90th Floor	1000	1000	1000
91st Floor	1000	1000	1000
92nd Floor	1000	1000	1000
93rd Floor	1000	1000	1000
94th Floor	1000	1000	1000
95th Floor	1000	1000	1000
96th Floor	1000	1000	1000
97th Floor	1000	1000	1000
98th Floor	1000	1000	1000
99th Floor	1000	1000	1000
100th Floor	1000	1000	1000

Handwritten notes at the bottom of the page, including the number '1000' and some illegible text.