



SURGERY DETAILS

SI.No. MAH-00382641 IP2-00056401
 Mrs KUMPATLA VIJAYA
 04-04-1998 28 Y 1 M 23 D (F)
 Dr. AKHILA GOGINENI

Date : 28/5/26

Patient Name : Age : 28 Y Sex : Female

UHID No. : IP No. :

Date of Surgery : 28/5/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : SVD ↓ IA
 Baby & Mother

Time in : 5 AM

Time Out : 6 AM

NAME	AMOUNT
1. Surgeon : Dr. Akhila
2. Anaesthetist : —
3. Asst. Surgeon : Dr. Sonali
4. OT Technician : —
5. Circulating Nurse : Sr. Partho
6. Asst. Nurse : Sr. Venkatesh

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 941061 / 941062 Order by :



OPERATION REPORT

Sl. No. _____

Category Name _____

OHID No. _____

Dept of Surgery _____

Name of the patient _____

Age _____

Sex _____

Time in _____

Sl. No.	NAME	AMOUNT
1	Surgeon	_____
2	Anesthetist	_____
3	Asst. Surgeon	_____
4	OT Technician	_____
5	Circulating Nurse	_____
6	Asst. Nurse	_____
7	Specialist	_____
8	Specialist	_____
9	Specialist	_____
10	Specialist	_____

Signature of _____

Designation _____

Order No. _____

Date _____

28/5/26

ACTIVITY MAH-00382641 IP2-00056401
Mrs KUMPATLA VIJAYA
04-04-1998 28 Y 1 M 23 D (F)
Dr. AKHILA GOGINENI

Name: -----

UHID No : - ----- Consultant : ----- Dept : -----

Date of Admission : ----- Time : ----- Date of Discharge : ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	11:30 AM	4W	407	Aruna / Anitha 11:30 AM

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaibhavi	28/5/26	941167	Sandhya
2.	Harne			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/5/26	CBP, Urea, Uric acid, LDH, LFT, Creatinine, Electrolytes, PT/APTT,	26007319	venkay
27/5/26	NST — (1)	002557	
27/5/26	Albumin Dipstick — Trace	26007328	
28/5/26	NST — (2)	002558	Venkay
28/5/26	NST — (3)	002559	
28/5/26	NST — (4)	002560	
<hr/>			
Crown checked by Venkay.			
28/5/26 8:00 AM Cross checked			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/5/26	IV Placement	①	941056	Rezia
28/5/26	SVD done ↓ LA		941060	
28/5/26	by Dr. Akhila G.		941062	Alamy
28/5/26	RPOC Scan		002561	Aune
Cross checked by Unnatanna.				
28/5/26	N.H.A	②	941312	Sandhya
Cross checked done by Sandhya 28/5/26				


ANY OTHER INFORMATION

OP file given to pt. attendant.
 RPOC Scan report Given.
 ↓
 Sandhya
 • K. Anasuya

Date: 27/5/26

Time: 11pm

Prepared By: Rezia

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Ward 407 Antha		



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 1/9/25 EDD:
 Corrected EDD: 18/6/26 GA: 36+6

Obstetric Formula: *Primigravida*

Menstrual History: Regular: Yes No

Obstetric History:

u. - PP spont. concepⁿ

Obstetric Examination

Fundal Height:

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

Present Pregnancy Record:

*Booked @ RCH @ 12+6wks
 FIS @
 UAD High resistance @ 12+6wks
 started on 7 Ecoprin till 36wks*

FHS: Normal Tachy Brady Absent *148*

RISK FACTORS:

Δ PIH: 33wks started on 7 Abet 100mg BD

*Δ IUGR: 29+4wks.
 EFW = 2.150kg (21) AC = 6.1
 High resistance in umbilical*

Atty: 34+5wks

2 doses of steroid given @ 34+5wks

Per Speculum Examination

Draining: Present Absent Bleeding
 Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: *3 1/4* Long Partially effaced Effaced

Os: Closed _____ Dilated *tip of finger*

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: _____ cm

Weight: ~~36.6~~ 79.6 kg

Allergies: _____

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR: *84*

BP: *125/75* DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

*Primi | 36+6wks | PIH | IUGR | High resistance in Umbilical
 A. foetol*



<p>Family History:</p> <p>Father in</p>	<p>Surgical History:</p> <p>—</p>
<p>Medical History:</p> <p>—</p>	<p>Medication History:</p> <p>—</p>
<p>Plan of Care:</p> <p>Admission NST, PE profile, U/A = trace</p> <p>Prepare parts</p> <p>Consent for Vg delivery & IOL</p> <p>J. Miso 25mg PV @ 10:30 AM</p> <p>NST 2hly</p> <p>Next V/E @ 2:30 AM</p> <p>BP @ 2hly</p>	<p>Investigations:</p> <p>O+ve</p> <p>HIV HbSAg AUCV VDRL } NR</p> <p>27/5/26</p> <p>SLUG ~ 36+6cm</p> <p>cephalic</p> <p>EFW = 20150kg 2%</p> <p>AC = 6%</p> <p>AFI = 16.9cm</p> <p>VAD ↑ gestation</p>

Doctor Name: Dr. Sonali
Signature: [Signature]
Date & Time: 27/5/26

Consultant Name: Dr. Akhila
Signature: [Signature]
Date & Time: 27/5/26



① 28/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 - 2.30 AM	↓ 20L	
	PR = 64	Adm
	BP = 136/87	7 Miso 25mg PV
	PIA: ut 7G	FHR Monitoring
	cephalic	NST 2hrly
	FHR ⊕ 140	Next JLE @ 6:30 AM
	2/15'/10'	
	Plv. 1 finger loose	
	1/2 nd long ex soft	
	membr ⊕	
	station 1-2	

Noted by :- Rozia

28/5/26
5 AM

PR = 88
 BP = 137/98
 PIA: ut 7G
 cephalic
 FHR ⊕ 144
 4/25'/10'
 Plv. fully dilated
 fully effaced
 membr ⊕
 station 2nd foot
 ARM done → Grade II MSc

Adm
 w/ descent of head
 FHR Monitoring



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 6:30 AM	O - PND	Adv
Baby E mother	PR = 84	(N) diet
	BP = 136/84	Vitals Monitoring
	PIA = ut well contracted	C3F
	PIU = No active bleeding	w/fo bleedig pr
	epi (N)	inform ses
		BD Monitoring
		Labet 100mg ses
		<i>[Signature]</i>
Noted by :- Reris		
28/5/26 8 AM	O - PND	Adv
Baby E mother	PR = 90	(N) oral liq, did
	BP = 118/76	Vitals Monitoring
	PIA = ut well contracted	C3F =
	PIU = No active bleeding	RPOC scan by Radiblog
		w/fo bleedig pr
		encourage to pass
UX NL		inform ses
		<i>[Signature]</i>



28/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 11 AM.	PND - 0 PTile	Adv
	Urefix yobrite	- (N) diet - monitor vitals
Baby @ NICU	BP = 120/80 mmHg PR = 72/min	- w/f bleeding pt
	SpO ₂ = 99.1% @ RA	- monitor vitals
U-passed.	PIA - U NEW R VIE - NAB.	- drugs as charted - Inform ses
Noted by Anitha		
28/5/26 2 pm.	PND - 0 PTile	Adv
	Urefix yobrite	- (N) diet - monitor vitals
Baby @ NICU	BP = 130/80 mmHg PR = 86/min	- w/f bleeding pt
	PIA - U NEW R VIE - NAB.	- drugs as charted - Inform ses
Noted by Anitha 28/5/26 @ 2pm		

MAH-00382841 IP2-00056401

Mrs KUMPATLA VIJAYA

04-04-1998 28 Y 1 M 23 D (F)

Dr. AKHILA GOGINENI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26		
8 PM		PND - 0
		PT Stable
		BP - 120/67
		PR - 84/hr
		PA - uterine @ 60
		HE - min PV bleed
	Adv - Monitor vitals	
	- @ diet	
	- EBM	
	- Drugs as charted	
	- w/ excess PV bleed, irritant S/S	
	- BP charting	
	- Infants S/S	
	<i>[Signature]</i>	
	Noted by So. Sandhya. 28/5/26	
		8 pm.



①



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: Yw Shifted to: 40 F

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	<u>Thabet</u>	<u>100mg</u>	<u>P/O</u>	<u>BD</u>		<input type="checkbox"/> C <input checked="" 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

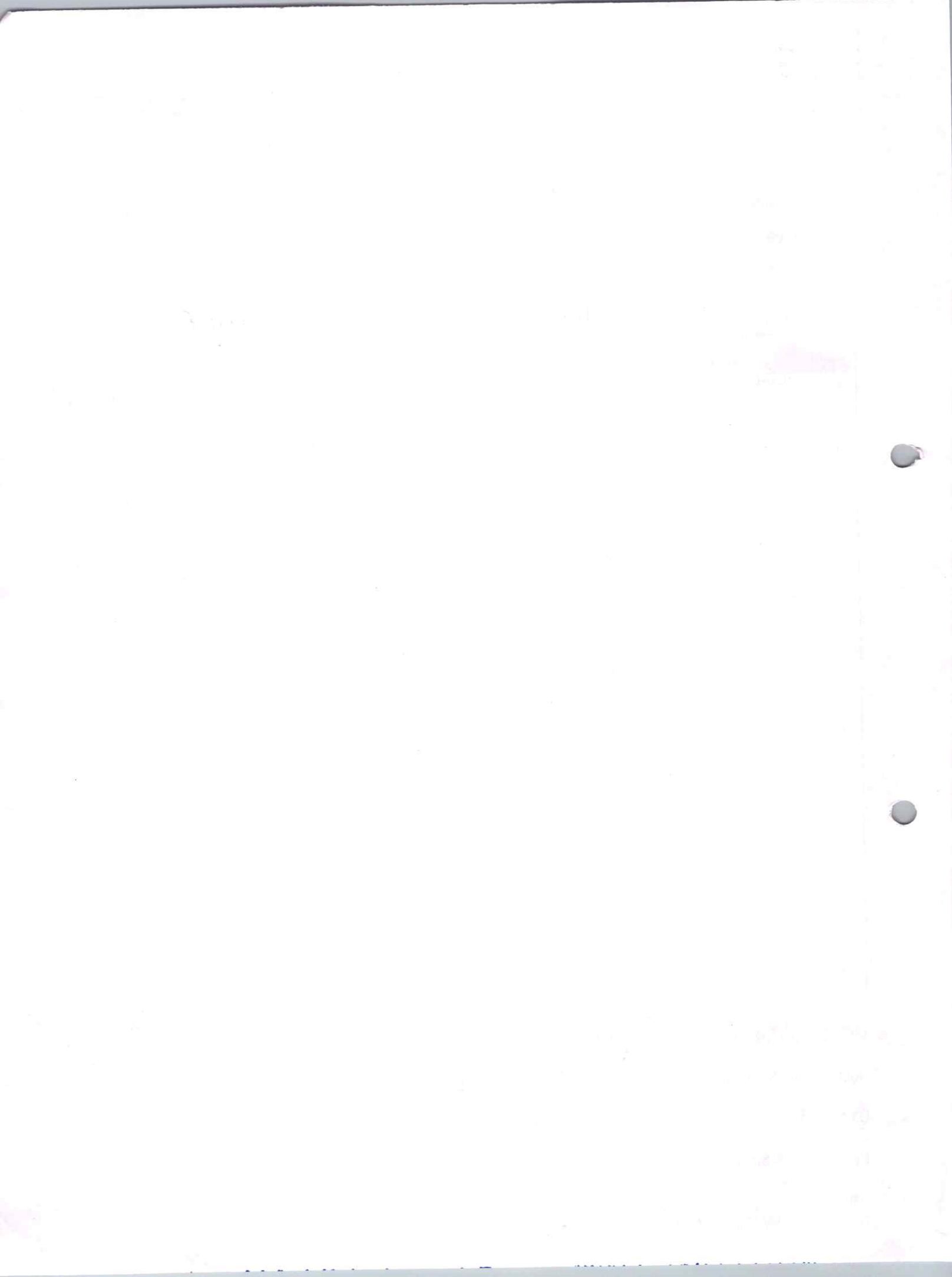
Doctor Name & Signature: Dr. Sonali S

Date & Time: 27/5/26, 10pm

Nurse Name & Signature: Rizvi, T

Date & Time: 27/5/26, 11pm

Docu. No. : RCH / FRM / GENERAL / 090



MAH-00382641 IP2-00056401
 Mrs KUMPATLA VIJAYA
 04-04-1998 28 Y 1 M 23 D (F)
 Dr. AKHILA GOGINENI



(1)
DRUG CHART

Date of Admission: 27/5/20 Drug Allergies: Nil 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:																					

Signature
Name



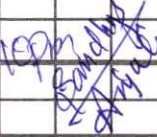
REGULAR PRESCRIPTIONS (2)

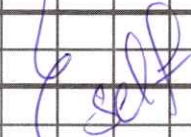
Weight Ward. 4/2

DRUG : T. Toxim				Date Time	28/5	29/5														
Dose	Route	Frequency	Start Date																	
200mg	P/O	BD	28/5	9AM	X															
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. Pantop				Date Time	29/5															
Dose	Route	Frequency	Start Date																	
40mg	P/O	OD	28/5	6AM																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. Calpol				Date Time	28/5															
Dose	Route	Frequency	Start Date																	
19mg	P/O	TID	28/5	6AM	X															
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. Voveron				Date Time																
Dose	Route	Frequency	Start Date																	
50mg	P/O	TID	28/5																	
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)
	_____	②	4W	_____

REGULAR PRESCRIPTIONS

DRUG : Syrup Duphalac				Date Time	28/5														
Dose	Route	Frequency	Start Dt.																
15ml	P/O	TS	28/5																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : Betadine ointment Lotion				Date Time															
Dose	Route	Frequency	Start Dt.																
	LA	TID	28/5																
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.																			



Patient Name :		I.P. No. <u> </u>	Sheet No. <u>9</u>	Wards <u>4w</u>	Weight (kg) <u> </u>
----------------	-----------------------------------------------------------------------------------	----------------------------	--------------------	-----------------	-------------------------------

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.																			



5

Weight. Ward. 4W

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5	10:30pm	7. Miso	25ug	P/O	[Signature]	[Signature]
28/5	12:10am	7. Labet	100mg	P/O	[Signature]	[Signature]
28/5	2:30 AM	7. Miso	25ug	PV	[Signature]	[Signature]
28/5	6:10am	Juster'suppostn	100mg	PR	[Signature]	[Signature]
28/5	6:10am	76 Miso	400 ug	PR	[Signature]	[Signature]
28/5	5:35am	ly Carboprost	250 ug	IM	[Signature]	[Signature]
28/5	5:25am	ly tranexce	19mg	IV	[Signature]	[Signature]
28/5	6:30 am	ly Metro	500mg	IV	[Signature]	[Signature]
28/5	7am	ly Taxim	19mg	IV	[Signature]	[Signature]
28/5	6:25am	ly Pcm	19mg	IV	[Signature]	[Signature]

Signature

VERIFIED BY Name

MAH-00382641 IP2-00056401
 Mrs KUMPATLA VIJAYA
 04-04-1998 28 Y 1 M 23 D (F)
 Dr. AKHILA GOGINENI

27/5/26



RESULT SHEET



Date	27/5/26				
Time	10:14 PM				
Hb	14.8				
PCV	41.9				
RBC	4.60				
WBC	10.77				
N/L					
Platelets	183				
CRP					
ESR					
PCT					
RBS					
Na	128				
K	4.6				
Cl	109				
Ca/Mg					
Phosphate					
Urea	64.0				
Creatinine	1.1				
ALP					
SGPT	117				
SGOT	87				
T.Bill/Conj	0.4 < 0.1 0.3				
T.Protein	6.6				
S.Albumin	3.0				
S.Globulin	3.6				
A/G Ratio	0.8				
Uric Acid	9.6				
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	13/0.9				
APTT	30				
CSF Protein/Sugar					
Cells					
N/L LDH	+ 322				

MAH-00382841 IP2-00056401
 Mrs KUMPATLA VIJAYA
 04-04-1998 28 Y 1 M 23 D (F)
 Dr. AKHILA GOGINENI



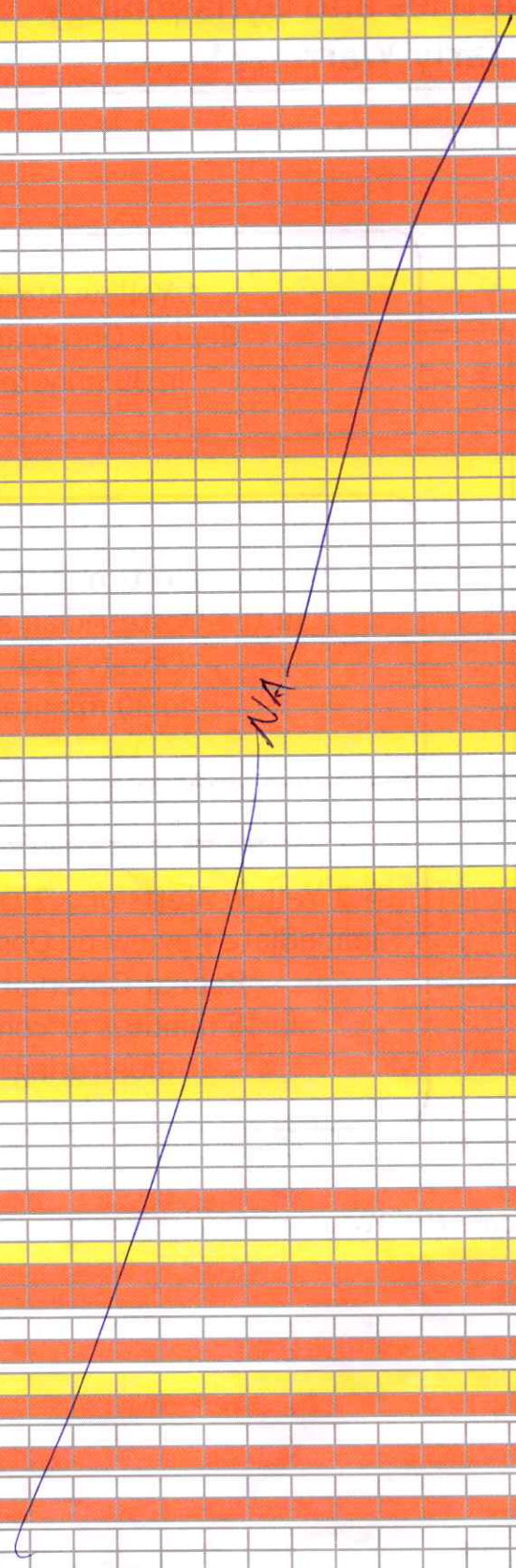
27/5/26
 (1)



Early Warning Observation Score Chart - Obstetrics

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

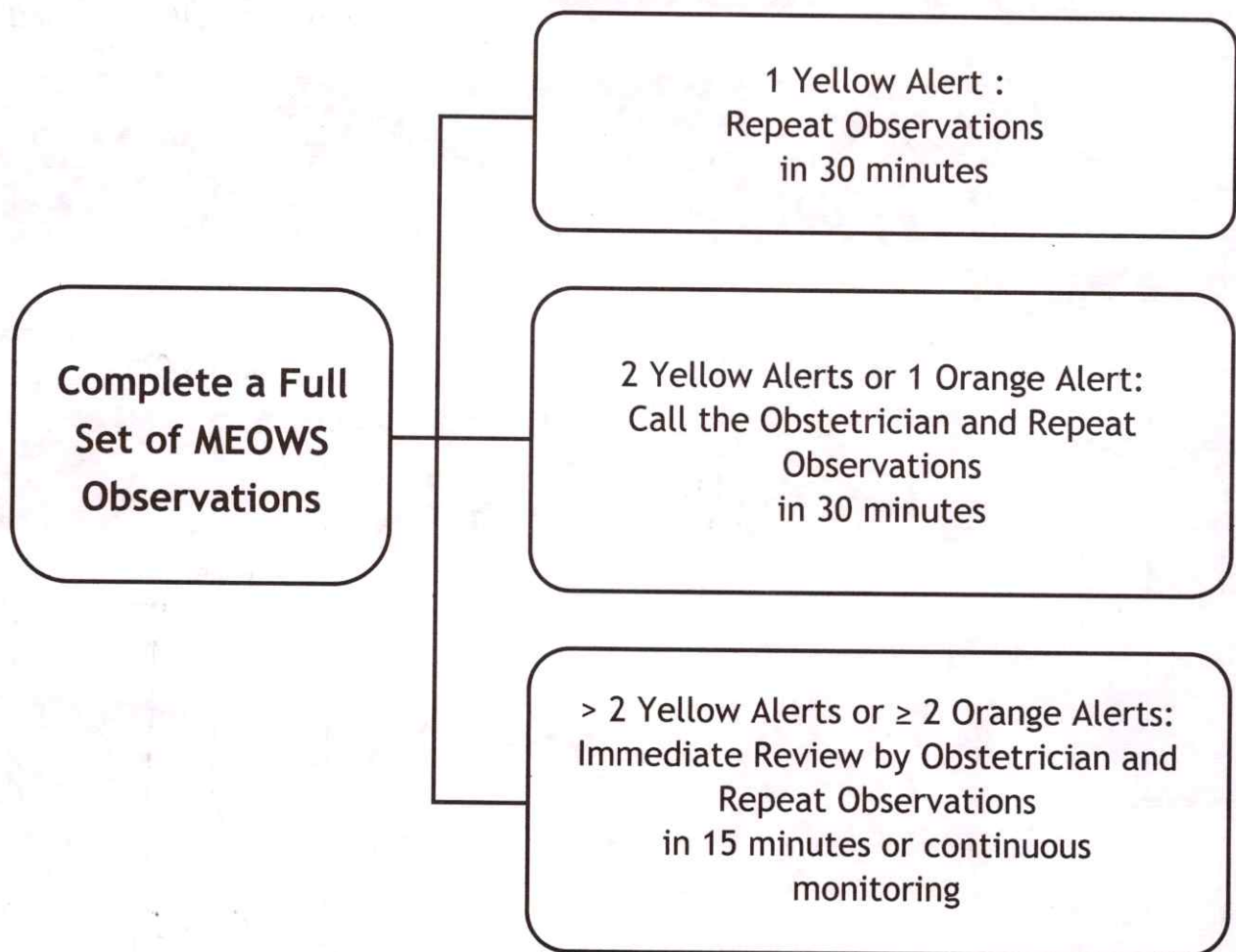
		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 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																										
	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																											



NA

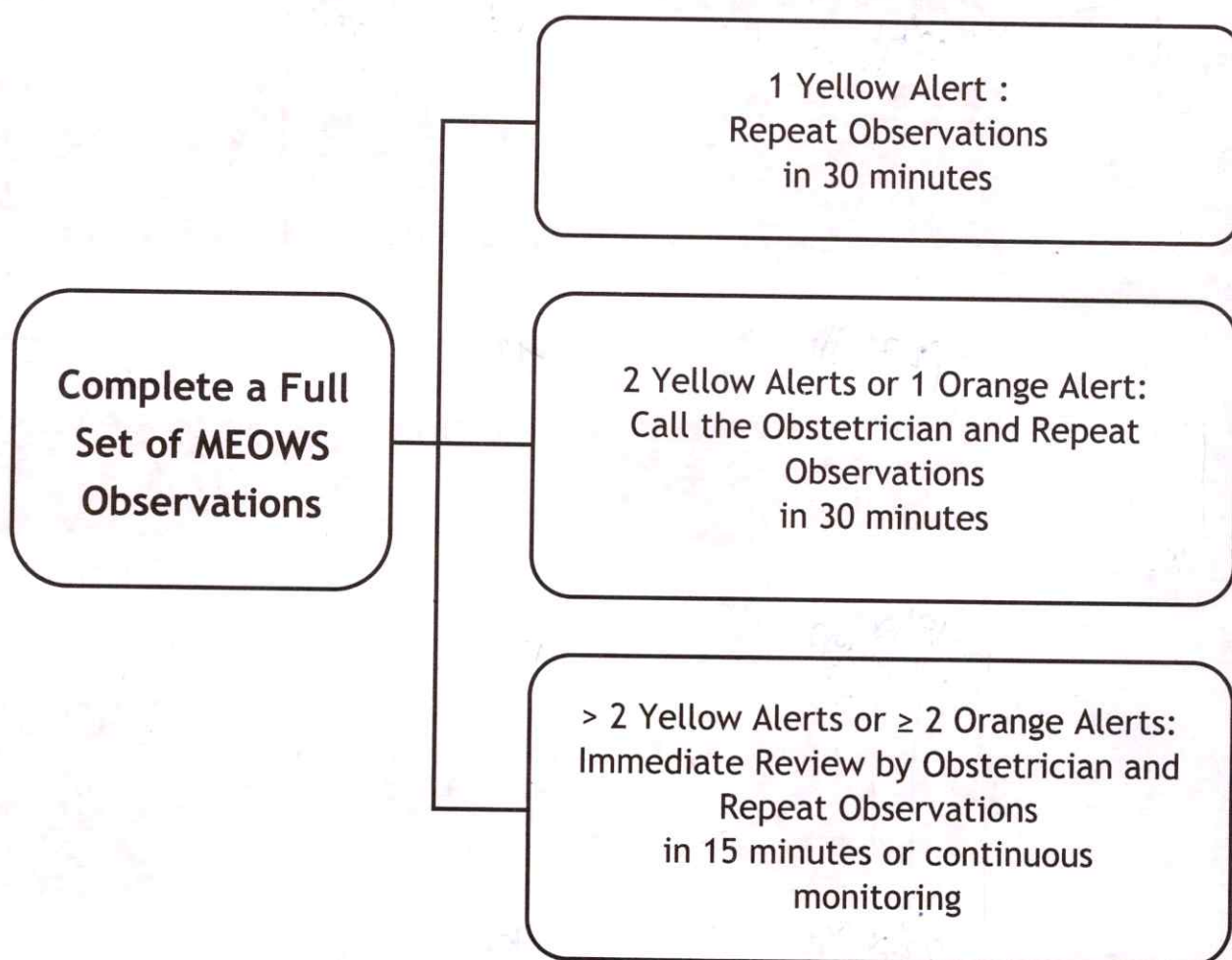
20 19 19 18 19
 99 99 99 100 99
 97.4 97.4 97.4 97.4
 63 61 63 67 70
 125 136 137 129 137
 75 97 87 89 98
 ✓ ✓ ✓ ✓ ✓
 ✓ ✓ ✓ ✓ ✓
 ✓ ✓ ✓ ✓ ✓
 ✓ - - - -
 0 0 0 0 0
 0 0 0 0 0
 Nurse Initial

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



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 Thrombo-phlebitis 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										0				
	10:00 pm		1200ml								0				
	11:00 pm										0				
	12:00 am		1200ml + 500ml								0				
	01:00 am										0				
Total Intake : 900ml						Total Output : U-3, M-0, V-0									
	02:00 am										0				
	03:00 am			1200ml							0				
	04:00 am		1200ml								0				
	05:00 am										0				
	06:00 am										0				
	07:00 am		700ml + 1200ml								0				
Total Intake : 900ml + Idly						Total Output : U-1, M-1, V-0									
Total 24 hrs. Intake		1800ml + Idly										Total 24 hrs. Output		U-4, M-1, V-0	

28/05/20



FLUID CHART

Sheet No. : 9

- 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	200ml										
	09:00 am	H ₂ O	200ml							✓			
	10:00 am	H ₂ O	200ml								0		
	11:00 am	Jelly											
	12:00 pm	+ soup											
	01:00 pm		200ml										
Total Intake :			H ₂ O + soup + 800ml			Total Output :						U-1 M-0	
	02:00 pm												
	03:00 pm												
	04:00 pm	Rice											
	05:00 pm	+ dal								✓			
	06:00 pm	H ₂ O											
	07:00 pm												
Total Intake :			Rice + dal + H ₂ O			Total Output :						U-1 M-0	
	08:00 pm												
	09:00 pm	Rice											
	10:00 pm	+ chapp											
	11:00 pm												
	12:00 am												
	01:00 am	H ₂ O											
Total Intake :			+ Rice + chappan + H ₂ O			Total Output :						U-0 M-0	
	02:00 am												
	03:00 am	H ₂ O											
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am	soup											
Total Intake :			H ₂ O + soup			Total Output :						U-0 M-0	

Total 24 hrs. Intake soup H₂O + Jelly + Rm

Total 24 hrs. Output U-03 M-00