

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00174400      Admit Date : 27-May-2026      Admit Time : 07:17 PM      UHID : BAH-00657193

**Patient Details :**

Patient Name : Baby Of AFIFA YOUSUF      Age : 0 Y 0 M 2 D  
Guardian : Mr MOHAMMMED SAMIULLA HUSSAINI      DOB : 25-05-2026 09:08 AM  
Gender : Female      Religion :  
Occupation :      Martial Status : Single  
Address (H) : 11-3-605/B Mallepally Hyderabad Telangana      Phone No : 9177003057/ 8008513172  
INDIA 500001      E-mail : NO@GMAIL.COM

**Admission Details :**

Bed Type : BASINET      Bed No : CRDL-DELUX324-1      Ward Name : 3F-ZONE C  
Room No : CRDL-DELUX324-1      Admission Type : First Visit

**Contact Details :**

Name : Mr MOHAMMMED SAMIULLA HUSSAINI      Relationship : Father  
Contact Address : 11-3-605/B Mallepally Hyderabad Telangana      Phone No : / 8019350320  
INDIA 500001

*[Handwritten Signature]*  
Signature

**Doctor Details :**

Doctor Name : Dr. VIJAYANAND JAMALPURI      Specialisation : GENERAL PEDIATRICS  
Referral Doctor :      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : SELFPAY

**ACTIVITY RECORD FOR BILLING**


Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_


BAH-00657193 IP5-00174400  
Baby Of AFIFA YOUSUF  
25-05-2026 0 Y 0 M 2 D (F)  
Dr. VIJAYANAND JAMALPURI



Ultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Time of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
27/5/26	8:15 PM	EF	324	

**Cross Consultation Visit**

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














# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00657193      IP5-00174400  
Baby Of AFIFA YOUSUF  
25-05-2026      0 Y 0 M 2 D      (F)  
Dr. VIJAYANAND JAMALPURI



Patient Name:

Afifa Yousef

UHID ID:

Department:

Consultant:





### Pediatric Multiorgan History & Physical Examination

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

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**Birth & Neonatal History:**

~~3300 / NVD / 2.3 kg / CIA B~~

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_  
Any additional Information : lower middle

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**Developmental History :**

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**Immunization History :**

birth day

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### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_)

Weight (kgs) 2.18kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 97.8°P Pulse Rate : 120/min B.P. \_\_\_\_\_ SPO2 98% CPA

Resp. rate and type of breathing : \_\_\_\_\_

Rash \_\_\_\_\_ Jaundice ⊕

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : \_\_\_\_\_

Any addes sounds : \_\_\_\_\_ clear

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

#### Cardiovascular System :

Inspection of procordium : \_\_\_\_\_

Heart Sounds : \_\_\_\_\_

Any murmur : \_\_\_\_\_ S/S

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

#### Per Abdomen :

Inspection \_\_\_\_\_

Palpation : \_\_\_\_\_

Ausculation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_

Relevant data from outside (CT, USG etc.,) \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves : \_\_\_\_\_

**Motor System:**

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

DTR \_\_\_\_\_ **Superficials:** \_\_\_\_\_  
Plantars \_\_\_\_\_

**Sensory System :**

Bladder / Bowel : \_\_\_\_\_

**Clinical Summary & Diagnostic:**

ANNJ

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: ketorolac

Desired goals of the treatment: H. stability

**Planned Labs:**

SBR after  
stomach

**Planned Management**

1) DAPT with eye and genital  
care  
 2) DAF every 2nd hrly  
 flb strips  
 - monitor temp / urine <sup>output</sup>  
 measured feeds  
 30ml / 3<sup>rd</sup> hrs  
 - feeds as per  
 - CRBS - pre feed  
 8th party

NIB  
 Kenuka  
 27/5/26

Signature of the Doctor: Pawan

Signature of the Consultant: [Signature]

Name of the Doctor: Pawan: 0

Name of the Consultant: \_\_\_\_\_

Date & Time: 22/5/26

Date & Time: \_\_\_\_\_

Dr. VIJAYANAND JAMALPURI  
 Registration No: 40626

BAH-00657193 IP5-00174400  
 Baby Of AFIFA YOUSUF  
 27-05-2026 0 Y 0 M 3 D (F)  
 Dr. VIJAYANAND JAMALPURI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8:25AM	Seen by Dr. Bharath (Resident) ASIS - unconjugated hyperbilirubinemia	
M/BT B/AT	Yest. wt - 2.101 kg Today. wt - 2.148 kg 47gms ↑	<p>Plan -</p> <ul style="list-style-type: none"> <li>- Continue DSPT &amp; eyes and genitalia covered.</li> <li>- measured feeds 30ml @ 3 hourly</li> <li>- Feeding assessment</li> <li>- GRBS pre feed - 8th hourly.</li> <li>- Monitor vitals and</li> </ul> <p style="text-align: right;">Inform SOS.</p> <hr/> <p style="text-align: right;">Noted by Shilpa @ 8:30AM</p>
28/5/26 8:30AM		<p>Plan -</p> <ul style="list-style-type: none"> <li>- Continue DSPT</li> <li>- SBR - 10AM</li> <li>- GRBS 12th hourly</li> <li>- Continue measured feeds</li> </ul> <hr/> <p style="text-align: right;">Noted by Shilpa @ 8:50AM</p>
		<p>Dr. VIJAYANAND JAMALPURI          Registration No: 46248</p>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
28/5 4pm	<p>Cs/B Resident</p> <p><u>A: 37w / 2.3kg / NVD / CIAB / NNT</u></p>	
	<p>- Repeat SBR - 12.8 <sup>0.1</sup> &lt; 12.7</p>	<p>Adv.</p>
	<p>- ↓ DSPT / tolerating well</p>	<p>1) To continue DSPT till 9pm</p>
	<p>- feeding - accepting FF / EBM well w/o - good</p>	<p>2) After 9pm change to SSPT.</p>
	<p>O/E: CRT/A good</p>	<p>3) Monitor temperature</p>
	<p>extremities warm</p>	<p>4) Measured feeds</p>
	<p>CRT &lt; 2s</p>	<p>TV = 100ml qld.</p>
	<p>AF @ level.</p>	<p>To give 20-25ml q2h or 30-35ml q3h.</p>
		<p>5) R/v SBR 4m after rounds.</p>
		<p>Noted by Dr. Akhila @ 4:30pm</p>
		<p><del>Noted by [Signature]</del></p>





BAH-00657193 IP5-00174400  
 Baby Of AFIFA YOUSUF  
 25-05-2026 0 Y 0 M 2 D (F)  
 Dr. VIJAYANAND JAMALPURI



## RESULT SHEET

Date		28/5/26			
Time		@ 10:30			
Hb		AM			
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bil/Conj		12.8 ← 0.8	12.8 < 0.1		
T.Protein		12.7	12.7		
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					



BAH-00657193 IP5-00174400  
 Baby Of AFIFA YOUSUF  
 25-05-2026 0 Y 0 M 2 D (F)  
 Dr. VIJAYANAND JAMALPURI



## 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: EL ..... Shifted to: 324 .....

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 : Peeyam .....

Date & Time : 27/5/26 @ 7:50P .....

Nurse Name & Signature : Renuka .....

Date & Time : 27/5/26 @ 8:00P .....

*Afifa Yousof*

Pate

BAH-00657193 IP5-00174400  
 Baby Of AFIFA YOUSUF  
 25-05-2026 0 Y 0 M 2 D (F)  
 Dr. VIJAYANAND JAMALPURI



# DRUG CHART

Date of Admission: 27/5/26 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)

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

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

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

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



**REGULAR PRESCRIPTIONS**

Weight. 80.18 kg Ward. 3rd floor

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





BAH-00657193 IP5-00174400  
 Baby Of AFIFA YOUSUF  
 25-05-2026 0 Y 0 M 3 D (F)  
 Dr. VIJAYANAND JAMALPURI

22/5/26

No. : RCHBH / FRM / CLINICAL / 124

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

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

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

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

Date: 22/5/26 Time: 9 2 6

Doctor/Nurse/Family Concern? PM AM AM

Temperature (°F)	104			
	103			
	102			
	101			
	100			
	99			
	98	97.75°	98.05°	97.95°
	97			
	96			
	94			

Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
	170			
	160			
	150			
	140			
	130	138	134	135
	120			
	110			
	100			

Heart Rate (Number) 138b/m 134b/m 135b/m

Resp. Rate (bpm) (Over 1 Minute) *	70			
	60			
	50			
	40			
	30	35	36	34
	20			
	10			

Resp Rate (Number) 35b/m 36b/m 34b/m

Resp Mod/ Severe Distress None / Mild RA RA RA

Receiving O<sub>2</sub>(l/min) O<sub>2</sub>Saturations (%) 99% 99% 100%

Conscious Level Normal Altered N N N

GCS \* 15/15 15/15 15/15

<b>TOTAL SCORE</b>			
Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	G	A	A

<b>ACTIONS</b> 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 incharge and PICU /NICU fellow or PICU/NICU 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.

## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
<b>A</b>	<b>ASSESSMENT :</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

28/5/26

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

**EARLY WARNING SCORE: CHILDREN'S UNIT** 29/5/26

Date: 28/5/26 Time: 10 am 1 pm 6 pm 10 pm 2 am 6 am  
 Doctor/Nurse/Family Concern? am pm pm pm am am

Temperature (F)	104						
	103						
	102						
	101						
	100						
	99	98.1	98.2	98.0	97.8	97.8	98.1
	98	*	*	*	*	*	*
	97						
	96						
	94						

Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130	130	130	130	118	118	118
	120	*	*	*	*	*	*
	110						
	100						

Note: BP does not score in early warning scoring

Heart Rate (Number)	136/m	140/m	145/m	112/m	112/m	132/m
esp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	42/m	45/m	40/m	30/m	32/m	32/m

Resp Mod/ Severe Distress None / Mild						
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)	100%	99%	100%	99%	99%	100%

Conscious Level Normal / Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	SV	SV	SV	SV	SV	SV

<b>ACTIONS</b>	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
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\* 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.

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<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient Stick

BAH-00657193 IP5-00174400  
 Baby Of AFIFA YOUSUF  
 25-05-2026 0 Y 0 M 2 D (F)  
 Dr. VIJAYANAND JAMALPURI

**...D CHART**

Sheet No. : ..... 1 .....

28/5

- 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											

<b>Total Intake :</b>			<b>Total Output :</b>									
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											

<b>Total Intake :</b>			<b>Total Output :</b>									
	08:00 pm	DBF										
	09:00 pm	FF 30ml										
	10:00 pm											
	11:00 pm	DBF										
	12:00 am	FF 30ml										
	01:00 am											

<b>Total Intake :</b> 60ml			<b>Total Output :</b> M-2 U-2									
	02:00 am											
	03:00 am	DBF										
	04:00 am	FF 30ml										
	05:00 am	DBF										
	06:00 am	FF 20ml										
	07:00 am											

<b>Total Intake :</b> 50ml			<b>Total Output :</b> M-2 U-2									
<b>Total 24 hrs. Intake</b>	FF-1 bowl		<b>Total 24 hrs. Output</b>	M-4 U-4								

# FLUID CHART

Sheet No. : 2

28/5/26

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
28/5/26	08:00 am	FF 30ml				✓			✓	No	Shifa	
	09:00 am											
	10:00 am	DBF				✓			✓	IV	Shifa	
	11:00 am	FF 20ml							✓		Shifa	
	12:00 pm					✓			✓		Shifa	
	01:00 pm	DBF					✓				Shifa	
<b>Total Intake : Taken</b>					<b>Total Output : U-3 M-1</b>							
28/5/26	02:00 pm	FF 30ml							✓	No	Shifa	
	03:00 pm											
	04:00 pm	DBF				✓			✓	IV	Shifa	
	05:00 pm								✓		Shifa	
	06:00 pm	DBF							✓		Shifa	
	07:00 pm											
<b>Total Intake : Taken</b>					<b>Total Output : U-3 M-1</b>							
28/5/2026	08:00 pm	DBF									Shifa	
	09:00 pm	FF 30ml									Shifa	
	10:00 pm					✓			✓	No IV	Shifa	
	11:00 pm	DBF									Shifa	
	12:00 am										Shifa	
	01:00 am	FF 30ml									Shifa	
<b>Total Intake : Taken</b>					<b>Total Output : U-1 M-1</b>							
28/5/2026	02:00 am										Shifa	
	03:00 am	DBF				✓					Shifa	
	04:00 am								✓	No IV	Shifa	
	05:00 am	DBF									Shifa	
	06:00 am					✓					Shifa	
	07:00 am	DBF									Shifa	
<b>Total Intake : Taken</b>					<b>Total Output : U-1 M-2</b>							

**Total 24 hrs. Intake**      Taken.

**Total 24 hrs. Output**      M-5  
 U-8