Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174433 **Admit Date** : 28-May-2026 **Admit Time** : 09:56 AM **UHID** : BAH-00657450

Patient Details :

Patient Name	: Baby Of PAMULA LATHA	**Age**	: 0 D
Guardian	: Mr PAMULA SIVA SATYA NARAYANA	**DOB**	: 28-05-2026 08:25 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO-2-3-603/49/130 B, NEW PATEL NAGAR Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 7288867505/ 9573467463
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU 245 **Ward Name** : 2F-NICU 1

Room No : NICU 245 **Admission Type** : First Visit

Contact Details :

Name : Mr PAMULA SIVA SATYA NARAYANA **Relationship** : Father

Contact Address : H NO-2-3-603/49/130 B, NEW PATEL NAGAR Amberpet Hyderabad Telangana INDIA 500013 **Phone No** : 7288867505 / 9573467463

Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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Baby Of PAMULA LATHA
28-05-2026 0Y0M0D4H (M)
Dr. VIJAYANAND JAMALPURI

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NEWBORN MONITORING FORM

Date of Birth : 28/5/26
Time of Birth : 8.25Am
Mode of Delivery : NVD
Birth Weight : 3.362kg
Head Circumference : 3.5
Length : 42
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : B positive
Baby's Blood Group : B+
Anomaly Scan : .....
Vaccination : given-29/5/26-Dr.Vaggi (BCG, OPV, Hep-B)

Date	Weight	Type of Feed	Quantity	Temperature	Signature
28/5/26	wed wt 3.347 kg	DBF + FF	30ml	98.0	Shilpa
29/5/26	3.072 kg.	DB + FF	30ml	98.1 F	sudhanthi

Date	Time	Investigation	Result	Order No.	Signature
29.5.26	12Am.	GRBS	83mg/dl	—	Suchet

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Baby Of PAMULA LATHA
28-05-2026 0 Y 0 M 0 D 4 H (M)
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ACTIVITY RECORD FOR BILLING

Name :_____ _____

UHID No. : _____ IP 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	9:40pm	NICU	328(B)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/5/26	VBG, RBS	26054200	Jay
4	Blood grouping	26054153	
4	VBG	26054294	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/5/26	Inv-monitor	28/5/26		9631002	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : ..... Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : ..... Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Pamula Latha.

Gender : ☑M ☐F Blood Group : B positive

Date of Birth : 28/5/26 Time of Birth : 8:25 am

Place of Birth : RCH - Banjara.

Mother's Blood Group : B positive.

Birth Weight (gms) : 3362g Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+1 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27y Ht : ..... Wt : ..... BMI: ..... Married Life : ..... LMP : Not available EDD : 16/6/26.

Conception : Spontaneous or with Rx. : IVF conception.

Booked at what GA. : 13wks. AN Steroids Drugs / Doses : .....

Last Scans Details : 11/5/26 → 33+1 wks | cephalic | 2410g | AFI - 15.9cm.

Doppler - (N). TT Immunization and Iron / Folic Acid : Taken.

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐1 ☐2 ☐3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

G-HTN - @ 34 wks on Labetalol 100 mg BD.

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : .....

.....

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

PPROM: Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....

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Dr. VIJAYANAND JAMALPURI

PAST OBSTETRIC HISTORY

G : ..... P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
	Primi					

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) NVD.

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☑ Yes ☐ No

Cord ABG : pH-7.2, PCO2-58.5, lac-6.3, -9.

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes
2		
1		
0		
1		
5	8	

TOTAL

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP	✓	✓	
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

					Score
Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)		
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)		
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)	
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)		
Multiple Seizures	No (0)	Yes (19)			
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)		
Apgar Score	> = 7 (0)	< 7 (18)			
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)		
SGA	> 3rd percentile (0)	< 3rd (12)			
				Total	

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

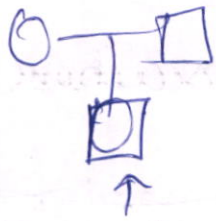
Equipment check done.
↓
Baby delivered via NVD.
↓
Baby ~~cried~~ born limp. weak cry
↓ byte stimulation
Dried & secretions cleared. HR > 100.
↓
~~Cord clamped & cut → 2VA~~
PPV given for 30 secs
↓
Tone & cry improved
↓
~~Good~~ Cord clamped & cut → 2VA, 1V (F)
↓
Inj. vit K 1mg IM given
↓
RD (+) nasal flare, grunt (+).
↓
Shifted to NICU for observation

Investigation details in previous Hospital :

Feeding History :

P

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : 140 RR : 62 NIBP : CFT : <3 sec

Color of the extremities : acrocyanosis → pink.

Jaundice : Pallor : SpO2 : 98.1

ANTHROPOMETRY: Birth Weight : 3362g Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

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28-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. VIJAYANAND JAMALPURI

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	Caput (+)
FACIES : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	
EYES :	Symmetry : Red Reflex : Discharge :	To be checked.
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N) No cleft.
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	2A, 1V (+)
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	B/L testicles descended.
HERNIAL ORIFICES		free
TRUNK and SPINE :		(N)
SKIN LESIONS :		No
EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination :	(P) Arms / Legs : Mobility :

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 62 SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

SpO_2: ..... Auscultation: BAE (+) Breath Sounds: ..... Added Sounds: .....

CARDIOVASCULAR SYSTEM :

HR : 153 BP : ..... Precordial Activity : (N)

Femoral Pulses : B/L femoral palpable Murmurs : NO.

Other Peripheral Pulses : felt Signs of Cardiac Failure : No

ABDOMEN:

Shape : (N) Hernia orifice : free

Palpation : Soft Anal Patency : patent

Palpable masses : No Umbilical Cord : 2VA, 1VV (+)

Abdominal girth : ..... First urine passed : No

Meconium passed : Yes

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : Initial hypertonia (+) in all 4 limbs

Nerves : .....

.....

MOTOR SYSTEM:

Passive Tone : hypertonia

Active Tone : .....

Neonatal Reflexes : .....

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : .....

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

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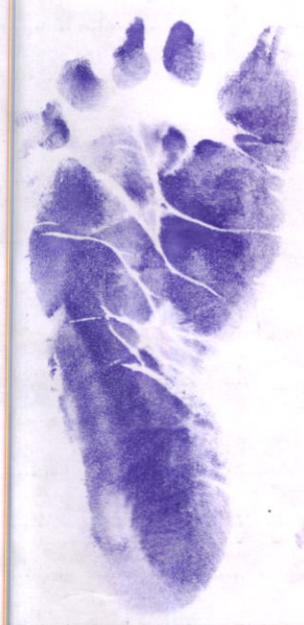
Baby Of PAMULA LATHA
28-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. VIJAYANAND JAMALPURI

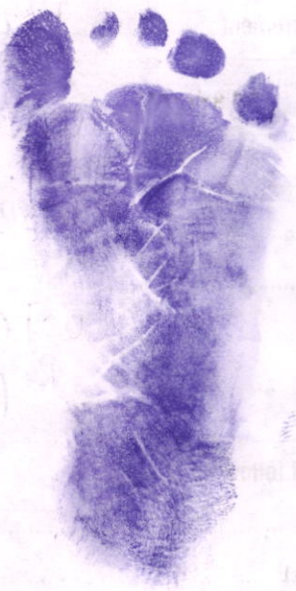
Diagnosis : Term / Male / AGA / NVD / Difficult / delayed transition / RD / maternal gestational hypertension

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : Poojitha

Date & Time : 28/5/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of the referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....
   ..... on whose name the patient is being referred.

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Baby Of PAMULA LATHA
28-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. VIJAYANAND JAMALPURI

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Neonatal condition at the time of Transfer: .....

Vital : HR : ..... RR : ..... BP : ..... SPO2 : ..... Weight : .....

Any Oxygen requirement : Plan

Systemic :

→ Shift to NICU -

Medications :

→ Warmer care

→ 4 RBS after shifting

→ IV - 60cc/kg/day - OG feed

→ W/f posturing

→ Repeat blood gas at 10:30am

Plan during ward follow up :

Feeding Plan at the time of shifting : .....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): Dr Poojitha

Doctor Name:

Date & Time: 28/5/26

Doctor Signature (Handover Taken): Dr Aishwarya

Doctor Name:

Date & Time: 28/5/26.

BAH-00657450 IP5-00174433
Baby Of PAMULA LATHA
28-05-2026 0Y0M0D2H (M)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026 1:25 pm	No tachypnea/retraction SpO2 - 99% RA.	Plan Ivy paracetamol feeds 15 ml/q2hrly If taking well, no distress shift to ward. Dr Murthy noted by Lavanya 0/2987 28/5/26 @2pm
28/5/26 5:PM	Seen by Dr. vijayanand	Plan:- - Regular feeding - Feeding assessment - GRBS 8 hrly B/feed - BCG, OPV 0 today HEP-B - Trace baby blood group Noted by Sh/pc @ 5:30pm

DR. VIJAYANAND JAMALPURI
Registration No: 40523

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28-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. VIJAYANAND JAMALPURI

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 7:45 am	c/s/B Residents	
	37+1/24H02/Difficult transition	
		Plan: - Regular feeding - BCH, OPV, HepB given Today 29/5/26 - GRBS 8th hrly Dr. Durga - Clinical assessment of Jaundice now. Noted by Shilpa @8AM DR. VIJAYANAND JAMALPURI Registration No: 40526
29/5/26 3 PM	Seen by Dr. Vijayanand	Plan: - Discharge now - Flu Tomorrow morning - CSBR, NBS Noted by Shilpa @3:10pm

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
28/5/26	10 am	85 mg/dl	full feeds	
28/5/26	~~7~~ p.m	82 mg/dl	full feeds	26036505
29/5/26	12am.	83 mg/dl	Full feed	26054
29/5/26	6 am.	64 mg/dl	full feed	26054

Patient Sticker

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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Baby Of PAMULA LATHA
28-05-2026 0 Y 0 M 0 D 4 H (M)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark'[✓] the boxes as applicable)

Baby's Name: B/o pamula latha Mother's Name: MRS. pamula latha

Date of Birth: 28/5/26 Time of Birth: 8:25 Am Gender: ☑ Male ☐ Female

Birth Weight: 3.360 Kgs HC: — cm Lenght: — cm

Meconium in Liquor: ☑ Yes ☐ No Cried at Birth: ☑ Yes ☐ No

Term / Pre-term / Post-term: .....

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: B positive Baby: -

Feeding: ☑ Breast Feeding ☑ Formula ☐ Both First Feed Time: .....

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery: ☑ Normal ☐ LSCS - Emergency/ Elective ☐ Instrumental ☐ AVD

Indication: .....

Physical Assessment of New Born:

Temp: 98.2 °C HR: 136 /Min RR: 40 /Min BP: — SpO2: 99

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No** **Score:** 16 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☐ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☑ Sleeping ☐ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

Skin: ☐ Pink ☐ Meconium Stain ☐ Others, Specify: .....

Nursing Management: (Please strike through If not applicable e.g. Yes /~~No~~)

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No
3. Socio History: Siblings Yes / No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Shilpa Signature: Shilpa Date &Time: 28/5/26 @ 6pm

Docu. No. : RCHBH /FRM / CLINICAL / 144

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28-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. VIJAYANAND JAMALPURI

28/5/26

Doc. No. : RCHBH / FRM / CLINICAL / 124

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8 am	10 am	12 pm	2 PM	4pm	6pm	10 pm	2 am	6 am
Doctor/Nurse/Family Concern?									

Temperature (F): 36.5C | 36.5C | 36.7C | 36.8C | 98.0 | 98.2F | 97.7F | 98F | 98.2F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Crib call

Heart Rate (Number)	142	136	148	171	140bl	138bl	112b/m	132b/m	142b/m

Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	38b/m	42b/m	38b/m	43b/m	40bl	31bl	32b/m	32b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2(l/min) O_2Saturations (%)	97%	98%	99%	99%	99%	100%	100%	100%	100%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	4	C	C	C	C	4
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	0	0	0	0
Pain Score	0	0	0	0	0	0	0	2	0
Observer's Initials									

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift 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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

Patient Sticker

BAH-00657450 IP5-00174433
Baby Of PAMULA LATHA
28-05-2026 0 Y 0 M 0 D 4 H (M)
Dr. VIJAYANAND JAMALPURI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (1)

28/5/26

Tv — 60cc/hr/day

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am	Nanpro			15ml		Np			10ml	0 IV	
	11:00 am											
	12:00 pm	Nanpro	15ml								1	
	01:00 pm									5ml		
Total Intake : Taken						**Total Output :** m - Np u - 16ml						
	02:00 pm	Nanpro	15ml				passed			5ml	No IV	
	03:00 pm											
	04:00 pm		DBF									
	05:00 pm									5ml		
	06:00 pm		DBF									
	07:00 pm											
Total Intake : Taken						**Total Output :** m - 1 u - 2 ml						
	08:00 pm	Nanpro	30ml									
	09:00 pm										No IV	
	10:00 pm		DBF.				✓			✓		
	11:00 pm	Nanpro	30ml									
	12:00 am						✓					
	01:00 am		FF 30ml									
Total Intake : Taken						**Total Output :** m - 2 u - 1						
	02:00 am		DBF									
	03:00 am									✓	No IV	
	04:00 am						✓					
	05:00 am		FF 30ml									
	06:00 am						✓			✓		
	07:00 am		~~30ml~~									
Total Intake : Taken						**Total Output :** m - 2 u - 2						

Total 24 hrs. Intake	~~FF~~ Taken 120ml	Total 24 hrs. Output	m - 5 u - 7.

BAH-00657450 IP5-00174433
Baby Of PAMULA LATHA
28-05-2026 0 Y 0 M 0 D 14 H (M)
Dr. VIJAYANAND JAMALPURI

FLUID CHART

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	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**	