

**ADMISSION SHEET**



**Registration Details :**

Admission No : IP5-00173813      Admit Date : 14-May-2026      Admit Time : 09:05 AM      UHID : BAH-00653409

**Patient Details :**

Patient Name	: Mrs MEKALA CHANDRAMALA	Age	: 26 Y 11 M 6 D
Guardian	: Mr M PRAVEEN	DOB	: 08-06-1999
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Married
Address (H)	: 5-77, DICHIPALLI, NIZAMBAD Dichpalli Nizamabad Telangana INDIA 503175	Phone No	: 9441966496
		E-mail	: NO@GMAIL.COM

**Admission Details :**

Bed Type : SHARED WARD      Bed No : SW 418      Ward Name : 4F-BIRTHING CENTRE  
Room No : SW 418      Admission Type : First Visit

**Contact Details :**

Name	: Mr M PRAVEEN	Relationship	: Husband
Contact Address	: 5-77, DICHIPALLI, NIZAMBAD Dichpalli Nizamabad Telangana INDIA 503175	Phone No	: / 9441966496

Signature

**Doctor Details :**


Doctor Name	: Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: DR C VINODA	Phone No	:
Co-Consultant	:		

**Payment Details :**

Payment Mode : DC/CC Card      Deposit Amount : 10000.00  
Payor Name : SELFPAY

**ACTIVITY RECORD FOR BILLING**

Name : BAH-00653409 IP5-00173813  
Mrs MEKALA CHANDRAMALA  
08-06-1999 26 Y 11 M 6 D (F)  
Dr. SHRUTHI REDDY/Dr. LAVANYA

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
14/5/26	5pm	OBS	3rd floor (22A)	8f

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	NNC Nalinikanta	14/5/26	608341	Ansale
2	Panigrahy			
3				
4				
5				
6				
7				
8				
9				
10				





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
14/5/20	Iv placement	01	9607660	Swarna

*no JSS check  
done  
by Pooja*

**ANY OTHER INFORMATION**

.....  
 .....  
 .....  
 .....  
 .....

Date :

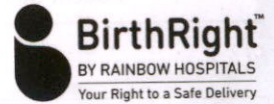
Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

BAH-00653409 IP5-00173813  
 Mrs MEKALA CHANDRAMALA  
 08-06-1999 26 Y 11 M 6 D (F)  
 Dr. SHRUTHI REDDY/Dr. LAVANYA

Pat



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

c/o leak x 7 hours.

## Obstetric Formula:

Primigravida.

## Obstetric History:

ML-2021; NCM.

## Present Pregnancy Record:

- ICSI: WF Conception.
- Booked x 26 weeks.
- TC TA → DCDA in Jan 2026

**RISK FACTORS:** - Single fetal demise @ 26 weeks.

Cervical cerclage @ 16 weeks.

Height: ..... cm

Weight: ..... kg

Allergies: ..... NKDA

Breast:  Normal  Abnormal

## General Examination:

Consciousness: Conscious Pallor:  absent  
 Icterus: absent Edema:  absent  
 Temp: 98.4°F PR: 107 bpm  
 BP: 127/88 DTR:  normal  
 CVS: Normal RS  
 Liver/Spleen: Not palpable Urine Output: adequate

LMP: 14/7/25 EDD:

Corrected EDD: 11/7/26 GA: 31 weeks + 5 days

Menstrual History: Regular  Yes  No

## Obstetric Examination

Fundal Height: ut ~ 32 weeks.

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech Others \_\_\_\_\_

Head Fifths Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent

## Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained  
 dirty leak ⊕

## Vaginal Examination

Cervix:  Long  Partially effaced  Effaced  
 cervical stitch ⊕

Os: Closed 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

## DIAGNOSIS

Primigravida / 31<sup>+5</sup> weeks / WF Conception / TC TA → DCDA &  
 Single fetal demise @ 26 weeks & PPROM & cervical cerclage

<p>Family History: Nil</p>	<p>Surgical History:        =&gt; Appendicectomy done 2014,        =&gt; 10/1/26 - Cervical cerclage @ Under.</p>
<p>Medical History: Nil</p>	<p>Medication History:        See reconciliation form.</p>
<p>Plan of Care: <u>C/I/T:- Dr. Shruthi</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Tx Betamethasone 12mg IM.</li> <li>- Send CBP   cPR   cve            Urine c/s   HVS.</li> <li>- Growth Scan today.</li> <li>- Inform sos.</li> </ul> <p>=&gt; GRBS - 109mg/dl.</p>	<p>Investigations:</p> <ul style="list-style-type: none"> <li>- <math>\odot</math> positive.</li> <li>- <math>\text{C}_{24/3/24}</math>        - eBP - 11/11/7k   2.08L   TSH = 1.6.</li> <li>- PFS - low risk.</li> </ul> <p>=&gt; 28+6wks - breech / EFW = 1212 (12M)        MVP - 4.4w / AC = 32M.        Doppler - <math>\odot</math>.</p>

Doctor Name: Dr. Shruthi  
 Signature: Shruthi  
 Date & Time: 19/5/26, 10:00 AM

Consultant Name: Dr. Shruthi  
 Signature: Shruthi  
 Date & Time: .....

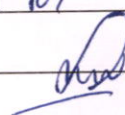
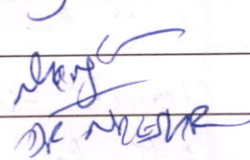
DR. SHRUTHI REDDY/PODUDUR  
 Registration No: 46820



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 12:00 PM	<p>- Prim 31+5wks / IUF Conception / OCTA twins /                      &amp; single fetal demise @ 26wks &amp; PROM &amp; cervical ecchymosis.</p> <p>- Pt is stable</p> <p>- NO clo</p> <p>- o/e: CC-Pain</p> <p>BP- 119/85/98</p> <p>PR- 98 bpm</p> <p>SpO<sub>2</sub> - 99% on RA</p> <p>Temp - 98.5 F</p> <p>PPV - 32wks relaxed</p> <p>EMF</p>	
	<p>- Scan done - 14/5/26:- 31+5wks</p> <p>Fetus-1 - breech, Pt anterior fundal, AFI=10.6.                      EFW= 1.735g [26 w.]</p> <p>- Fetal dopplers</p>	
14/5/26	<p>Fetus-2 - Absent cardiac activity</p> <p>S-CKP-49.</p> <p>hb [R/R/TC= 12.5   2.5g   12.8g.</p> <p>Trace - none with/ w/o</p>	<p><u>Advice</u></p> <p>- soft diet &amp; adequate hydration</p> <p>- Drugs as checked</p> <p>- Bed for observation</p> <p>- Monitor vitals, temp, HR for 4th hly</p> <p>- NST - TID.</p>

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
14/5/20		
9:30pm	- Pt comfortable	Adv
	O/E AC-fair PR - 90bpm, Temp - 97.9 <sup>o</sup> F	- Ref diet, plenty oral feeds
NST - Reactive	BP - 116/70mmHg (MAP-50) SpO <sub>2</sub> - 98% on air	- dmgs as per charted
Received 1 dose of Ig: Betamethasone 6mg @ 10 AM.	P/A - utt Relaxed FH @	- vitals steady - FHR by Doppler utt - NST - TD
		- Sterile pad for observations
		- Shift to room
		- Inform RT
		
ref/1026	Pulmon counselling - Antenatal	Dr Seenu
3:30pm	31 w+5d, 1700 gm estw, PPRom & short curvise.	
	counselled for risk of shortness of breathes	
	may require CBPP -> ventilation surfactant sup,	
	OG tube feeding, risk of infection, jaundice	
	hypo/hypoglycemia, may require 2 weeks of NICU stay-	
		M. Praveen

BAH-00653409 IP5-00173813  
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 Dr. SHRUTHI REDDY/Dr. LAVANYA



Patient

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/26 7:50pm	Primu   31+5   IVF/DODA → ē PPRom ē Cx stitch Pt comfortable	Single fetal demise @ 26wks unlit.
App Fmed	o/b A/c fair, Temp 97.5 F P/A - 110bpm BP - (B) / 99% O <sub>2</sub> SA P/A - ut Relaxed FHR (4)	Adv - Regular diet plenty of oral fluids - drug as prescribed - vitals unlitely - temperature NST - TID - sterile pad for Obvination w/f s/s chondroamniotic - s/s as per spec.
10:30 PM	ut - Relaxed P - 110bpm	Noted by Dr. Lavanya
	No uterine tenderness.	Dr. Lavanya

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 08-06-1999 26 Y 11 M 6 D (F)  
 Dr. SHRUTHI REDDY/Dr. LAVANYA

**GRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
15/5/26 8:00 AM	Primi   31 <sup>st</sup> wk   IUT DCD+   Single fetal Demise at 26 wks. PROM & cervical stitch insitu.	
	<del>o/h</del> pt stable.	Adv
skind cover ✓	o/h Gc: fair Bp - 127/83 mmHg PR - 106 BPM SpO <sub>2</sub> - 99% on RA PLA + ut ~ 30 wks	<ol style="list-style-type: none"> <li>1) Regular Diet</li> <li>2) Drugs as charted</li> <li>3) Monitor vital</li> <li>4) w/f any leak / Bleeding Plv</li> <li>5) Monitor Inform Jus</li> <li>6) NST TID</li> <li>7) FHR 4th hourly</li> </ol>
Do NST & Inform		Dr. Divya
15/5/26 3:30 PM	Primi   31 <sup>st</sup> wk   IUT DCD+   Single fetal Demise @ 26 wks & PROM & Cervical stitch insitu	MB Divya
skind cover	pt-stable Gc: fair B.p: 120/80 P.R: 94 SpO <sub>2</sub> : 100% on RA Temp: 98°F PLA: ut 30 wks	<ol style="list-style-type: none"> <li>1) Regular Diet</li> <li>2) Drug as charted</li> <li>3) Monitor vital</li> <li>4) w/f any Bleed Plv</li> <li>5) NST TID</li> <li>6) FHR 4th hourly</li> </ol>

BAH-00853409 IP5-00173813  
 Mrs MEKALA CHANDRAMALA  
 08-06-1999 26 Y 11 M 7 D (F)  
 Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7pm	Primid 31st wks   DCC C Single fetal demise   PPRom Temp: 97.7°F	Sitch inethy <del>Adv</del>
	BP: 124/72 (88)	<del>Adv</del>
	PR: 88/min	→ Regular diet
	SpO2: 100%	→ follow dry chart
	P/A: uterus relaxed ~30 wks	→ Strict 4th hrly BP   PR   Temp   P/A monitor
	P/A good	→ inform for if PR > 100 (or) Temp > 99°F
		→ w/t signs of Chorionamnionitis
		→ w/t any contractions/ bleeding etc
		→ NST Advice daily of infarctus
	(Signature) Dr. Lavanya	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 8:00 AM	primi 32 wks of GA / IVF (DCDA twin) c single fetus Demise (PRPM) Cervical stitch intact.  <u>cl</u> Mild leak PLV	
	<u>of</u> Cer-fair Temp - 97.8 F Bp - 110/68 mmHg PR - 84 Bpm. SpO <sub>2</sub> - 98% RA p/a - ut ~ 32 wks FHR - 168 bpm.	<u>Adv</u> 1) Regular diet 2) Follow drug chart 3) strict 4th hourly Bp/PR/Tem/FHR monitoring 4) inform if HR > 100 (or) Tem > 99 F 5) w/f leak per vagina 6) w/f bleeding per vagina 7) NST TID 8) Inform ses
steroid cover ✓ D3 inj. cefotaxim		
	Dr. Divya	

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 Mrs MEKALA CHANDRAMALA  
 08-06-1999 26 Y 11 M 6 D (F)  
 Dr. SHRUTHI REDDY/Dr.LAVANYA



## RESULT SHEET

Date	14/5/26				
Time					
Hb	12.5				
PCV	39.0				
RBC	4.77				
WBC	12.81				
N/L					
Platelets	251				
CRP	49.				
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
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					



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 Mrs MEKALA CHANDRAMALA  
 08-06-1999 26 Y 11 M 6 D (F)  
 Dr. SHRUTHI REDDY/Dr. LAVANYA



## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NKDA .....  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: ..... ORS ..... Shifted to: ..... Room C 323A .....

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	T. ASCLOPIRIN	150mg	PO	OD	14/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. JAKAR		PO	OD	14/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. MEGAFERON		PO	OD	14/5/26	<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. Sathya Sathya .....

Date & Time: ..... 18/5/26 : 9:30 AM .....

Nurse Name & Signature: ..... sup .....

Date & Time: ..... 18/5/26 @ 10 AM .....

BAH-00653409 IP5-00173813  
 Mrs MEKALA CHANDRAMALA  
 08-06-1993 26 Y 11 M 6 D (F)  
 Dr. SHRUTHI REDDY/Dr.LAVANYA



Patient

# DRUG CHART

Date of Admission: 14/5/26 Drug Allergies: NKDA  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 .....





DRUG :

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

VARIABLE DOSE

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
14/5/20	10:00AM	INS BETAMETHASONE	12mg	IM	Shr	Swapna Smithe
14/5	11AM	INS CEFOTAXIM	1g	IV	Shr	Swapna Smithe
14/5	10 AM	Mg BETAMETHASONE	12mg	IM	Shr	Swapna Smithe

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



B/H-00653409 IP5-00173813  
 Mrs MEKALA CHANDRAMALA  
 DOB: 06-1999 26 Y 11 M 6 D (F)  
 D: SHRUTHI REDDY/Dr.LAVANYA



# FLUID CHART



Sheet No. : ..... ① .....

14/05/2026

- 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.

		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
14/5/26	08:00 am												
	09:00 am												
	10:00 am									✓	0	Smith	
	11:00 am		1dl <sup>1</sup> H <sub>2</sub> O								0	Smith	
	12:00 pm		H <sub>2</sub> O								0	Smith	
	01:00 pm		H <sub>2</sub> O							✓	0	Smith	
<b>Total Intake :</b>					<b>Total Output :</b>								
14/05/26	02:00 pm		H <sub>2</sub> O							✓	0	Anjali	
	03:00 pm		H <sub>2</sub> O							✓	0	Anjali	
	04:00 pm		H <sub>2</sub> O							✓	0	Anjali	
	05:00 pm										0	Pragny	
	06:00 pm		water								0	Pragny	
	07:00 pm									✓	0	Pragny	
<b>Total Intake :</b>					<b>Total Output :</b> 3-4 m-0 u-1								
14/5	08:00 pm										0	Althe	
	09:00 pm		water								0	Althe	
	10:00 pm										0	Althe	
	11:00 pm		water							✓	0	Althe	
	12:00 am										0	Althe	
	01:00 am										0	Althe	
<b>Total Intake :</b> Taken					<b>Total Output :</b> m-0 u-1								
15/5	02:00 am										0	Althe	
	03:00 am		water								0	Althe	
	04:00 am										0	Althe	
	05:00 am										0	Althe	
	06:00 am										0	Althe	
	07:00 am									✓	0	Althe	
<b>Total Intake :</b> Taken					<b>Total Output :</b> m-0 u-1								

**Total 24 hrs. Intake** : Taken

**Total 24 hrs. Output** : m-0 u-8



15/5/26

# FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am										0	} Spina	
	09:00 am	water									0		
	10:00 am						✓				0		
	11:00 am	water									0		
	12:00 pm										0		
	01:00 pm										0		
<b>Total Intake :</b> Taken						<b>Total Output :</b> u-3 m-1							
	02:00 pm										0	} latty	
	03:00 pm	H2O									0		
	04:00 pm						MP				0		
	05:00 pm										0		
	06:00 pm	H2O									0		
	07:00 pm										0		
<b>Total Intake :</b>						<b>Total Output :</b> u-2 m-0							
	08:00 pm										0	} Spina	
	09:00 pm	water									0		
	10:00 pm						MP				0		
	11:00 pm										0		
	12:00 am	water									0		
	01:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b> u-2 m-0							
	02:00 am										0	} Spina	
	03:00 am	water									0		
	04:00 am										0		
	05:00 am	water									0		
	06:00 am						✓				0		
	07:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b> u-1 m-1							

**Total 24 hrs. Intake** Taken

**Total 24 hrs. Output** u-8 m-2

BAH-00653409 IP5-00173813  
 Mrs MEKALA CHANDRAMALA  
 08-06-1999 26 Y 11 M 7 D (F)  
 Dr. SHRUTHI REDDY/Dr. LAVANYA

# FLUID CHART



Sheet No. : .....

16/5

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.

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	water							✓	0		Shy
	10:00 am					NP				0		
	11:00 am											
	12:00 pm	water							✓	0		Shy
	01:00 pm									0		
<b>Total Intake :</b> 1 glass					<b>Total Output :</b> 4-0-0-2							
	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											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>					<b>Total 24 hrs. Output</b>							

Patient Sticker

# FLUID CHART

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.

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												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**