

MAH-00279635 IP5-00174004
Baby MANUKONDA HARINI BALA
08-11-2010 15 Y 6 M 11 D (F)
Dr. BATTU DINESH CHANDRA



SURGERY DETAILS

80327

Date : 19/5/26

Patient Name: BABY MANUKONDA HARINI BALA Date of Birth: 08-11-2010 Age: 15yrs

Gender: FEMALE Ward: P. OT UHID No: MAH-00279635

Date of Surgery: 19/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Rt Side Gastrocnemius Release (Strayer's)
+ ABI Adductor release + Casting (Rt) leg

Time in : 12:15pm Time Out : 1:30pm

	NAME	AMOUNT
1. Surgeon	Dr. Dinesh	
2. Anaesthetist	DR. SHILPA	
3. Assistant Surgeon		
4. OT Technician	AMARIN	
5. Circulating Nurse	TEENA	
6. Assistant Nurse	AKHIL	

- Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 961423

Order by: Dinesh

ESTIMATION SLIP

Pre-Approval

80327

Date: 19 May 2026 UHID / IP No.: MAH-00279635 SI No.

Name of Patient: Baby. Marichukonda Haemini Bala Age: 15 yrs Gender: Female

Father's / Husband's Name: Mr. Rajasekhara Corporate / Occupation:

Address: Phone: 9866278444 Email:

Procedure / Plan: Myofascial Release + Casting

MODE OF PAYMENT: SELF TPA: HRC Ergo - Ind 2018 GIPSA: OTHERS

TARIFF INFORMATION:

Dr. Bhatu Omesh Chandra 9/10 On O/P/W. (G-54)

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges				129000						
Doctor's Fee				14 days	NA					
L. Tax										

PARTICULARS		(2+1+1) AMOUNT (₹) + (1+1+1) + (1)			
Surgeon's / Anesthetists's Fee / O.T. Charges	Pr + O	33000	12600	10000/yr	
O.T. Consumables	→ 7500				Subject to approval by TPA / Insurance Company
Instrument Charges					Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	Extra				As per actual - Not Included in Estimation
Equipment Charges	Monitor :	Oxygen :	Infusion pump / Syringe pump :		
	Ventilator :	Conventional :	HFO-SLE 5000 :	HFO Sensormedix :	
	Phototherapy :	Single Surface :	Double Surface :	Triple Surface :	
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	Extra				As per actual - Not Included in Estimation
Package					
Others	Botox → 5000	18000			
Initial Minimum Deposit		15000			Final bill clearance

REMARKS: NO → 35K ← B → 1.30L.

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. *Room after 09 AM on non cycle*
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage. *TPA/BCA/BACA/BCR/RRC.*
- For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00 AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
- Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client

Signature Relationship

Signature of the Financial Counselor

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Botox 9mg, U/L Gastroc Release



CONSUMABLES OF OT

Circulating staff : Technician : Date : 19/8/20 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 6.6.5	14	—	Major Pack Drape	1	1	Inj Vit.K		
LMA 3	01	01	Sutures			Cord Clamp		
ECG leads (A) P / N	5	03	240u	1	1	Suction Catheter		
FME filter (A) P / N	01	01	monosyn 40	1	1	Feeding Tube		
Syringes : 10 cc	10	05				Vacuum Suction Set		
05 cc	10	05	Gloves 6165 (FS) 2929292			Surgical Gloves		
02 cc	10	03	PR 6165 (FS) 2929292			Gauze Pack		
01 cc	—	—				Syringe 1ml / 2ml		
Cautery plate (A) P / N	01	01	Surgical blade 11 15	1	1	Surgical Blade # 20		
IV set	01	01	NG tube			Koochies (S)		
FL	01	01	Cautery pencil			NS 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	01	01	Koochies			100s	2	1
Micro spike	01	01	Ointments			METEX		
Guom	03	—	Suction Catheter			18 G Needle	1	1
Fentanyl	01	01	Cap, Mask	8/8	5/8	Cover 10 size	1	1
Morphine			Gauze Pack (NTR)	3/3	3	Antiseptic 10cm	3	3
Ketamine			Mop Pack	1	1	6 inch cloth	1	1
Propofol	03	02	Steristrip					
Rocuronium	01	—	Underpad	1	1			
Glycopyrolate	01	01	Draw sheet	1	1	midas	01	01
Myopyrolate	01	0	Abgel			Nasal Airway		
Ondansetron	01	—	Foleys catheter			24, 26	14	—
Pencan 25g Spinal Needle 22	01	—	Urobag			oral Airway		
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			1, 2	14	—
Bupivacaine 0.25% (Heavy)	01	—	Romodrain bag			Nasal prn (M)	01	—
Antibiotics			Bandage					
O2 mask (A)	01	—	Tegaderm			IVculls 22, 20	14	—
Suppositories			Ioban					
Amamol : 80mg / 250mg / 170 mg			Double J Stent			soft Role bio	2	0
Supridol : 100mg			Vacuum Suction set	1	—			
Justin : 12.5 mg / 25mg / 100mg	14	02	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vacuum Set	01	01	Microshield	1	0			
Dexa + Dexamide	14	—	Cotton Balls	4	—			
Conen + Gloveal	145	—	Latex Gloves	10	10			
Conen + Tranaxen	142	01	Ramdione Scrub					
0cm + 100cm 3way	14	—	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :
 Order No. : 9616237 Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Time: _____

Room / Bed No : _____ Ward : _____ le bed type : _____

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WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/5/26	8:30AM	ER	OT	Abhishek
19/5/26	5PM	OT	235	Divya

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Faizal Bhatti	20/5/26	05617046	Barnali
2				
3				
4				
5				
6				
7				
8				
9				
10				

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174004

Admit Date : 19-May-2026

Admit Time : 07:59 AM UHID : MAH-00279635

Patient Details :

Patient Name : Baby MANUKONDA HARINI BALA

Age : 15 Y 6 M 12 D

Guardian : Mr MANUKONDA RAJASEKHAR

DOB : 08-11-2010

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : H NO - 17-20, MAIN ROAD , BIKKAVOLU ,
Biccavolu East Godavari Andhra Pradesh
INDIA 533343

Phone No : 9866278444 / 9866325444

E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PVT 235

Ward Name : 2F-SECOND FLOOR

Room No : PVT 235

Admission Type : First Visit

Contact Details :

Name : Mr MANUKONDA RAJASEKHAR

Relationship : Father

Contact Address : H NO - 17-20, MAIN ROAD , BIKKAVOLU ,
Biccavolu East Godavari Andhra Pradesh INDIA
533343

Phone No : 9866278444 / 9866325444

Signature

Doctor Details :

Doctor Name : Dr. BATTU DINESH CHANDRA

Specialisation : ORTHOPEDICS

Referral Doctor : Self

Phone No :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Deposit Amount : 80000.00

Payment Mode : DC/CC Card

Payor Name : HDFC ERGO GENERAL INSURANCE
CO LTD

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174004 Admit Date : 19-May-2026 Admit Time : 07:59 AM UHID : MAH-00279635

Patient Details :

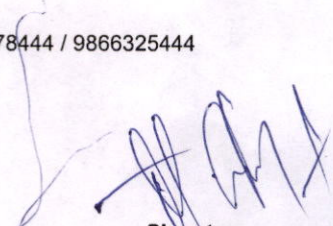
Patient Name : Baby MANUKONDA HARINI BALA Age : 15 Y 6 M 11 D
Guardian : Mr MANUKONDA RAJASEKHAR DOB : 08-11-2010
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : H NO - 17-20, MAIN ROAD , BIKKAVOLU , Phone No : 9866278444/ 9866325444
Biccavolu East Godavari Andhra Pradesh E-mail : NOMAIL@GMAIL.COM
INDIA 533343

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 410 Ward Name : 4F-OT COMPLEX
Room No : POST OP 410 Admission Type : First Visit

Contact Details :

Name : Mr MANUKONDA RAJASEKHAR Relationship : Father
Contact Address : H NO - 17-20, MAIN ROAD , BIKKAVOLU , Phone No : 9866278444 / 9866325444
Biccavolu East Godavari Andhra Pradesh INDIA
533343


Signature

Doctor Details :

Doctor Name : Dr. BATTU DINESH CHANDRA Specialisation : ORTHOPEDICS
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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08-11-2010 16 Y 6 M 11 D (F)
Dr. BATTU DINESH CHANDRA




Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

(R) sided hemiplegia cerebral
Palsy for surgery

History of present illness :

child admitted for

Right sided Gastric Release
(Strayer's) + BII Adductor

release + Cast : for

(R) sided Hemiplegic cerebral
Palsy

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Normal transition

Birth & Socio Economic History:

About Father : _____ middle
About Mother : _____
Any additional Information : _____

Developmental History :

Normal

Immunization History :

Immunized till date

NL
Tone
Co-ord
Posture
tar)

egh chander

emiplegia
y for surgery

(PTO)

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 58.62kg (Centile _____)

On Examination :

Temperature : 24/min Pulse Rate : 130/min B.P. _____ SPO2 _____
Resp. rate and type of breathing : 24/min regular

Rash _____
Lymphadenopathy _____

Oedema : _____
Allergies (if any): _____

Respiratory System

Inspection _____

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Baby MANUKONDA HARINI BALA (F)
08-11-2010 16 Y 6 M 11 D
Dr. BATTU DINESH CHANDRA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: disability prevention

Desired goals of the treatment: surgical management

Planned Management

- ① NPO ~~with~~ inlet side
- ② IVF DNS
- ③ monitor vitals
- ④ Shift to OT

Planned Labs:

Per Abdo

Inspection _____

Palpation : _____

Auscultation : _____

Spine : _____

Relevant data from _____

Signature of the Doctor: [Signature]
Name of the Doctor: Dr. Shihub
Date & Time: 20/5/26

Signature of the Consultant: _____
Name of the Consultant: Dr. B.
Date & Time: _____

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

- NBM as per Anaesthetic order

- Inj. Paracetamol 500mg IV BD

- Inj. Paracetamol 500mg IV BD

- (2) Leg limb Elevation - Pillows

- Actin to mouth

Name of the Surgeon: *Dr. Dink*

Signature of the Surgeon: *Dr. Dink*

Date & Time: 19/5/2026 @ 1:15 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5 6:00 pm	<u>CS/B Resident.</u>	
	Δ: (R) side Hemiplegic cerebral palsy	<u>Plan</u>
	SP → (R) sided Gastrocnemius Release (Strayus) + B/L Adductor Release	① 2ij TAXIM 500mg IV BD ② 2ij Paracetamol 500mg IV BD.
	child doing well no fresh complaint no vomiting	③ limb elevat ⁿ + active for movement <u>Soheh</u>
	<u>O/E</u> : child is alert and active	(Dr. Soheh)
	CS: S, S ₂ (P)	
	RS: BAE (P), clear airway	
	P/A: soft	
	<u>seen by Resident: Dr Sahithi</u>	
20/5/20 8:10 AM	Acn - (R) Hemiplegic cerebral palsy	
	SP (R) gastrocnemius release + B/L adductor release.	<u>Plan.</u>
	No fresh issues pain under control	" Plan AC Today
	no fever/vomitings	
	O/E child hemodynamically stable chest clear.	Sahithi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Dinesh	
20/5/20	<p>⊖ (R) Spine Hemiplegic C.P.</p>	
	<p>- Sx - ⊖ (R) Spine Gastro Stomach Release & Casting</p>	
	<p>- Clo Mild pain out the Leg o/c</p>	
	<p>- Cast is ok.</p>	
	<p>- Toe movement ⊕ just</p>	
	<p>- Swathes B/L - Sac</p>	
	<p>Adms Plan for denervation</p>	
	<p><u>Denervate adms</u></p>	
	<p>- Tab: Naproxen sooty BD x 5 days</p>	
	<p>- Tab: Ceftriaxone sooty BD x 5 days</p>	
	<p>- Tab: Par 40 OD x Before food 5 days</p>	
	<p>- Sup: Vit - D₃ 60k IU weekly once x 6 wks.</p>	
Blood	<p>- Sup: Tab: Ferritin x 1 500 x 1 month Tab: Folic Acid 5mg 100 x 1 month</p>	<p>- Results ⊖ ok</p>

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Dr. BAITU DINESH CHANDRA



CROSS CONSULTATION FORM

Doctor Name: Dr. Faisal Date: 20/5/26 Time:

Diagnosis:

Hospital: RCH-BH

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for: Opinion Co-Management Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

Asis - (R) hemiplegic cerebral palsy
S/P (R) gastrocnemius release
pain under control

O/E
child afebrile
hemodynamically stable
chest clear
active toe movements (+)
perfusion good.

Plan
1. can be discharged today
2. FU = orthopedic surgeon

Consultant :

Name: Dr. Faisal Signature: [Signature] Date & Time: 20/5/26

DR. FAISAL B NARDI
Registration No: 66228

Patient

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Dr. BATTU DINESH CHANDRA


RESULT SHEET

Date					
Time					
Hb					
PCV					
FBC					
WBC					
N/L					
Platelets					
CRP					
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					



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: *ICU* Shifted to: *OT*

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: *Abhile Dr. Abhile*

Date & Time: *19/5/26 @ 8am*

Nurse Name & Signature: *Abhishale*

Date & Time: *19/5/26 @ 8am*

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 Dr. BATTU DINESH CHANDRA



DRUG CHART

Date of Admission: 19/5/20 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)

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:																					

VERIFIED BY: Name Signature



REGULAR PRESCRIPTIONS

Weight.58.6kg Ward.

DRUG : PARACETAMOL INJ				Date Time	19/5/15																
Dose	Route	Frequency	Start Date	6am	X																
500mg	I.V	TID	19/5																		
Name & Signature of the Doctor Starting the Drugs:				2pm																	
Additional Instructions:				10pm																	
Daily Doctor's Endorsement by a Sign																					
DRUG : INJ TAXIM				Date Time	19/5																
Dose	Route	Frequency	Start Date	6am																	
500mg	I.V	BID	19/5																		
Name & Signature of the Doctor Starting the Drugs:				10pm																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					



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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/5/26	12pm	INJ. CEFUOTAXIME	1 GRAM	IV Stat	[Signature]	Teena AMAAN
19/05	12:30pm	INJ PARACETAMOL	870mg	IV	[Signature]	Teena AMAAN
19/05	12:32pm	SOP. DICLOFENAC	50mg	P/R	[Signature]	Teena AMAAN

VERIFIED BY : Name Signature

12:35
12:35
12:35

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FLUID CHART

Sheet No : 1915

19/15/26

- 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												
	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										0	Dipanjita	
	06:00 pm										0	Dipanjita	
	07:00 pm										0	Dipanjita	

Total Intake : **Total Output : M - 0 U - 0**

	08:00 pm										0	Sweats
	09:00 pm										0	Sweats
	10:00 pm										0	Sweats
	11:00 pm										0	Sweats
	12:00 am										0	Sweats
	01:00 am										0	Sweats

Total Intake : **Total Output : 0 - 3**

	02:00 am										0	Sweats
	03:00 am										0	Sweats
	04:00 am										0	Sweats
	05:00 am										0	Sweats
	06:00 am										0	Sweats
	07:00 am										0	Sweats

Total Intake : **Total Output : M - 0 U - 2**

Total 24 hrs. Intake

Total 24 hrs. Output M - 0 U - 2

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.
3. 24 hrs. total to be entered in the kardex in RED.

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												
	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

Patient Sticker

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 20/5/26 Time: 9:15am

Weight: 58.6kg Centile: >50th

Height: 155cm Centile: 70th

Inference: Well child

RDA: - Calories: 1900 kcal/d Protein: 34 g/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy, chilled, outside foods

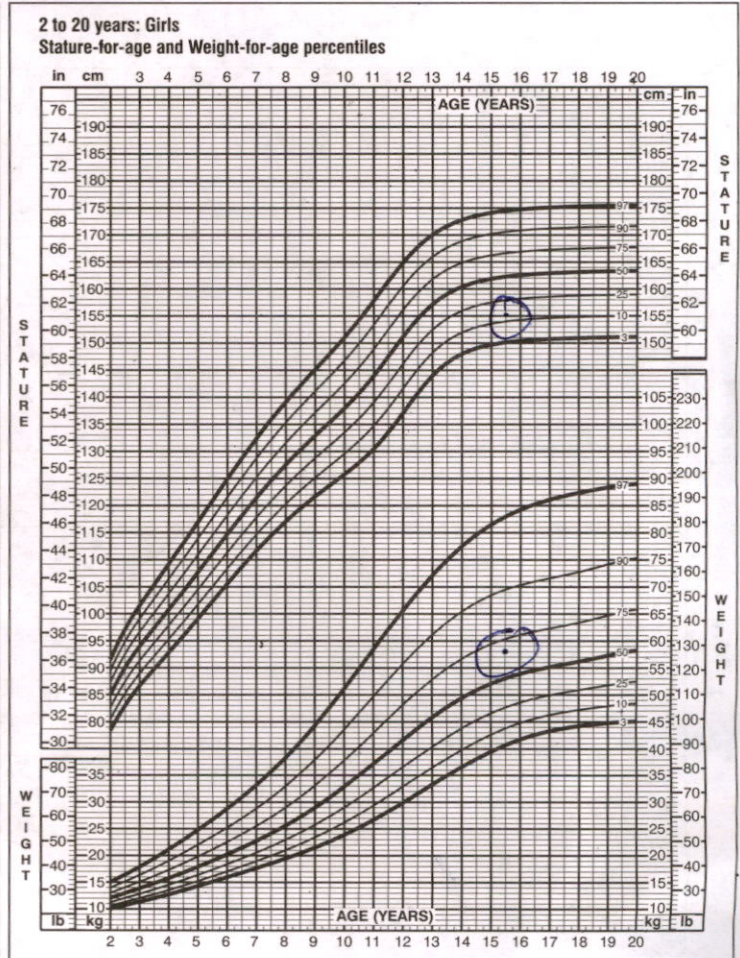
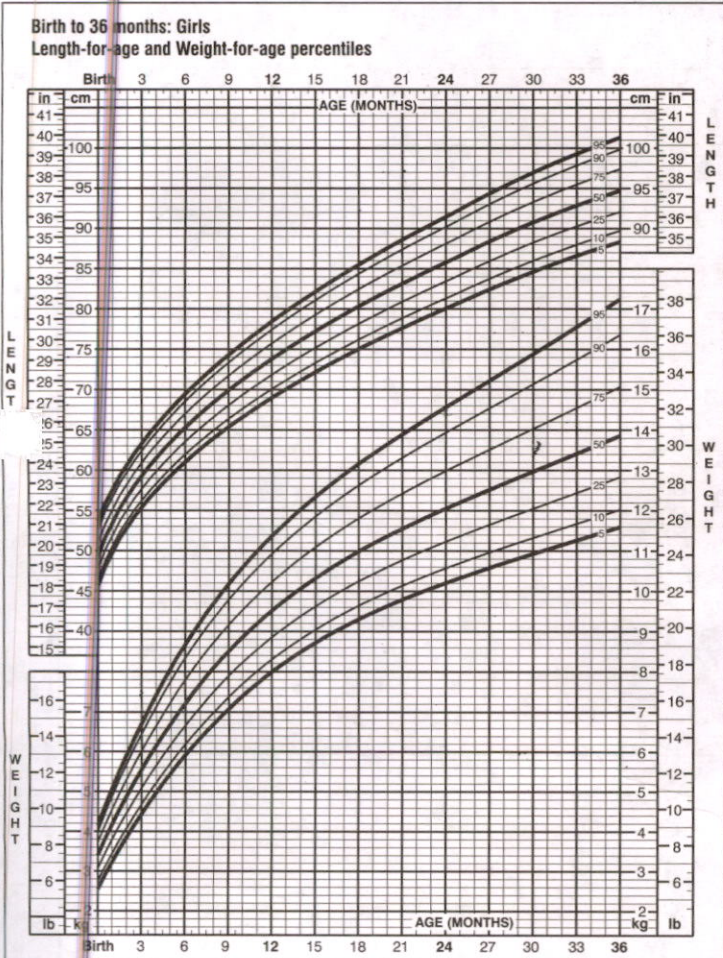
Food Allergies: No Veg/Non-veg Non-veg.

Diagnosis: (R) Sided Hemiplegic cerebral palsy

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

