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 : IP5-00174602 **Admit Date** : 01-Jun-2026 **Admit Time** : 01:28 PM **UHID** : BAH-00656793

Patient Details :

Patient Name	: Baby VENKATA AKSHARA BOLISETTY	**Age**	: 4 Y 9 M 30 D
Guardian	: Mr SURESH TUPAKULA	**DOB**	: 02-08-2021
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 4/379-2, VENKATESHWARA PETA, YSR KADAPA, Proddatur Andhra Pradesh INDIA 516360	**Phone No**	: 9390360375/ 9502058311
		E-mail	: BULLET51289@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 02 **Ward Name** : 1B-EMERGENCY

Room No : ER 02 **Admission Type** : First Visit

Contact Details :

Name	: Mr SURESH TUPAKULA	**Relationship**	: Father
Contact Address	: H NO 4/379-2, VENKATESHWARA PETA, YSR KADAPA, Proddatur Andhra Pradesh INDIA 516360	**Phone No**	: 9390360375 / 9502058311

T. Suresh
Signature

Doctor Details :

Doctor Name	: Dr. BANDI RAMYA	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

CONSENT FOR BLOOD TRANSFUSION

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BAH-00656793 IP5-00174602
Baby VENKATA AKSHARA
02-08-2021 4 Y 9 M 30 D (F)
Dr. BANDI RAMYA

Name: ..... Age: ..... Gender: Male ☐ Female ☐

UHID.No : ... Date: 01/06/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Cryoprecipitate
- ☐ Albumin
- ☐ Packed Red Blood Cells
- ☐ Single Donor Platelet
- ☐ Red Blood Cell
- ☐ Random Donor Platelets
- ☐ Whole Blood
- ☑ Others Rituximab injection

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: B. Suneethen

Name: B. SUNEETHA

Date & Time 01/06/26 @ 5pm

Doctor (Who is talking the consent)

Signature: N. B.

Name: N. Keerthana

Date & Time 01/06/26, 2pm

Witness

Signature: T. Suresh

Name: T. SURESH

Date & Time 01/06/26, 2pm

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ BAH-00656793 IP5-00174602
Baby VENKATA AKSHARA
02-08-2021 4 Y 9 M 30 D (F)
Dr. BANDI RAMYA
nsultant: _____ Dept : _____

Date of Admission: ____ te of Discharge : _____ Time: _____

Room / Bed No : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/6/26	2:35 pm	ER	—	

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
01/06.	USG Small Parts (DVT)	27584	Sampathy

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
01/06	Infusion Pump	1.40 Pm		7655	Samofe
	cardiac Monitor.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
01/06	IV Placement	1	7653	Samyha
	PAC Done on	OP Basis	—	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00656793 IP5-00174602
Baby VENKATA AKSHARA (F)
02-08-2021 4 Y 9 M 30 D
Dr. BANDI RAMYA

Doc. No. : RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/6/26... Time:	2pm	6pm
Doctor / Nurse / Family Concern?		
Temperature (°F) (104–94)	98.9	98.5
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	102/59 (73)	101/54 (71)
Heart Rate (Number)	102 bpm	110 bpm
Resp. Rate (bpm) over 1 Minute) * (70–10)		
Resp Rate (Number)	24 bpm	26 bpm
Resp Distress — Mod/ Severe / None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	97%	98%
Conscious Level — Normal / Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes		
Pain Score	0/10	0
Observer's Initials	[illegible]	[illegible]

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 in charge AND PICU fellow or PICU 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)

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02-08-2021 4 Y 9 M 30 D (F)
Dr. BANDI RAMYA

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Ramya Bandi Date : 1/6/26

Type of Admission: ☐ OPD ☑ ER ☐ Referral (if referral, Doctor's Name: .....

Start Time of Assessment: ..... Weight: 18.4 kg

Allergic History: .....

Chief Complaints:
F/u of ? GAD Encephalitis
Type 1 DM ; Rt femoral vein DVT.
Refractory Status Epilepticus.
↓
Now came for Rituximab injection.

Pediatric Assessment Triangle

A Appearance - TICLS .....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☐ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

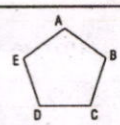
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing
Rate: 24/min SpO_2 ~~on FIO_2~~ on RA. 100%
Rhythm: Regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: BILATE
Palpation Findings (If necessary).....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 102/min

CFT — Central .... Peripheral ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes* ....

BP: 112/52 (69) mmHg

Murmurs: ☐ Yes ☑ No

Pulse Volume: — Central .... Peripheral ....

Liver Span: ....

ECG: ....

If in Shock: — Compensated .... Hypotensive ....

Any Signs of Heart Failure: ☐ Yes ☐ No

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Disability

GCS: 15/15 AVPU: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Pupils: — Responsive ☑ Non-Responsive ☐ — Size — Right .... Left ....

Active Seizures: ☐ Yes ☑ No Sugars: ....

Signs of Neurological compromise ....

Exposure

Temp.: 97.3°F

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Any Rash: ☐ Yes ☐ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: ....

Labs Planned: Plain, EDTA] Collected samples]

• USG Lg. Rt → look for DVT by Dr. Nithin Sir

Treatment Planned: Tab Omnacortil 1
• Syp lenspil
• Inj Rituximab injection

NB Lavanya 01/06/26 @ 4pm

Need for Oxygen: ☐ Yes ☑ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): ....

Assessment done by
Name of the Doctor: Dr. Ramya
Signature: [signature]
Date & Time: 1/6/26;

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor: ....
Signature: ....
Date & Time: ....

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Baby VENKATA AKSHARA
02-08-2021 4 Y 9 M 30 D (F)
Dr. BANDI RAMYA

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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: ER ..... Shifted to: —.....

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	Tab Omnacortil	10mg	½ tab P/O	Once daily	1/6/25	☐C ☐DC
2	Tab Clobazam	5mg	1 tab P/O	At night	1/6/25	☐C ☐DC
3	Syp Levipil	3.5ml	Twice daily	P/O	1/6/25	☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sohile (Dr. Sohile)

Date & Time : 1/6/25 6:45 pm

Nurse Name & Signature: Lavanya

Date & Time : 01/06/26 @ 6pm 7pm

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DRUG CHART

Date of Admission: 1/6/20 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 / 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 .... Sign ....

02-08-2021 4 Y 9 M 30 D
Dr. BANDI RAMYA (F)

REGULAR PRESCRIPTIONS

Weight. 18.4kg Ward. ....

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Baby VENKATA AKSHARA
02-08-2021 4 Y 9 M 30 D (F)
Dr. BANDI RAMYA

Weight. ...18.4kg... Ward. .....

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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.	

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
1/6/26	2:36 pm	Inj AVIL	9mg (0.4ml)	IV		Kharan Karthik
1/6/26	2:37 pm	Inj HYDROCORTISONE	35mg	IV		Kharan Karthik
1/6/26	2:38 pm	Syp. PARACETAMOL	5.6ml	PO		Kharan. Karthik
1/6/26	2:50 pm	Inj RITUXIMAB (300mg)	Each 100mg + 100ml NS	IV		Aneeb Kharan
	2:50 pm		2ml/hr in 15 min			Aneeb Kharan.
	3:05 pm 3:20 pm		4ml/hr in next 15 min			Aneeb Kharan
	3:35 pm		6ml/hr in next 15 min			Aneeb Kharan.
			8ml/hr in next 15 min			
			Later → 60ml/hr in next 5 hrs.			

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

Baby VENKATA AKSHARA
02-08-2021 4 Y 9 M 30 D (F)
Dr. BANDI RAMYA

I.V. FLUIDS CHART

Weight. ..... Ward. .....

		omposition of I.V. Fluid .ion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

Signature .....

VERIFIED BY : Name .....

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
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						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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Dr. BANDI RAMYA

01/06.

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FLUID CHART

Sheet No. : 1

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
	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	Raj: Ringer 60ml		60ml.							0	
	03:00 pm	Raj: Ringer		60ml.							0	
	04:00 pm	Raj: Ringer		60ml.							0	
	05:00 pm	Raj: Ringer		60ml.			NP				0	
	06:00 pm	Raj: Ringer		60ml.						50ml	0	
	07:00 pm	Raj: Ringer 60ml		60ml.							0	
Total Intake :						**Total Output :** 0-50ml						
	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	

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FLUID CHART

Rainbow® Children's Hospital
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BirthRight
BY RAINBOW HOSPITALS
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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**	