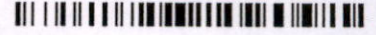


ADMISSION SHEET

Registration Details :


Admission No : IP5-00174641 Admit Date : 02-Jun-2026 Admit Time : 11:58 AM UHID : BAH-00525762

Patient Details :

Patient Name	: Master MOHD TAIMUR	Age	: 4 Y 10 M 29 D
Guardian	: Mr MOHD FAIZUDDIN	DOB	: 04-07-2021
Gender	: Male	Religion	: Muslim
Occupation	:	Martial Status	: Single
Address (H)	: H NO 8-2-390/21, DEVARKONDA BASTHI, ROAD NO 5, Banjara Hills Hyderabad Telangana INDIA 500034	Phone No	: 9963865272/ 9652235293
		E-mail	: saiz1uddin2@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : HO DC 1 Ward Name : 1F-HEMATO-ONCOLOGY
 Room No : HO DC 1 Admission Type : First Visit

Contact Details :

Name : Mr MOHD FAIZUDDIN Relationship : Father
 Contact Address : H NO 8-2-390/21, DEVARKONDA BASTHI,
ROAD NO 5, Banjara Hills Hyderabad Telangana
INDIA 500034 Phone No : 9963865272 / 9963865272


Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI Specialisation : HEMATO ONCOLOGY
 Referral Doctor : SELF Phone No :
 Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
 Payor Name : NIVA BUPA HEALTH INSURANCE
COMPANY LTD


ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Till _____ Charge : _____ Time: _____

BAH-00525762 IP5-00174641
Master MOHD TAJMUR
04-07-2021 4 Y 10 M 29 D (M)
Dr. SIRISHA RANI



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	12:30 pm	ER	oncology	Sagar

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/6	IV placement	①	39084	Samsheh
2/6	Bone marrow			
	Lumbar puncture	③		Samsheh
	conscious sedation			
	[Kindly	Enter this in	procedure]	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

.....

Date : 2/6 Time : 5PM Prepared By :

<p>Staff Nurse</p> <p>Samsheh</p>	<p>Shift / Ward</p> <p>Evg onw</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
-----------------------------------	--	--------------------------	---------------------------

BAH-00525762 IP5-00174641
Master MOHD TAJMUR
04-07-2021 4 Y 10 M 29 D (M)
Dr. SIRISHA RANI



CONSE

PROCEDURES

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Taimur Gender: Male Female

UHID No : Bah 00525762 Department : PHD Date : 2/6/26

I Thaiseen Sulthana S/D/W/O Mohd. Faizuddin

Here by give consent for procedure of : lumbar puncture

For my patient, Named : Taimur

The doctors have clearly explained to me that the procedure has following possible complications:

bleeding, infections, neurotoxicity

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

nil

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Praveni

Patient Attendant :

Signature : Thaiseen

Name : Thaiseen Sulthana

Relationship with Patient: Mother

Date & Time : 2-06-26 2:00 pm

Witness :

Signature : [Signature]

Name : Mohd. Faizuddin

Date & Time : 2-6-26 2:00pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Nikitha

Date & Time : 2/6/26 2pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

స్వాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

BAH-00525762 IP5-00174641
Master MOHD TAJMUR
04-07-2021 4 Y 10 M 29 D (M)
Dr. SIRISHA RANI



Patient Sticker



CONSENT FOR PROCEDURAL SEDATION

Authorization By: Patient Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of sedation planned for the procedure
LUMBAR PUNCTURE
- I have been made aware of the possible complications from the procedure of sedation as follows:
- Changes in heart rate, blood pressure, need for oxygen supplementation, allergic reactions, upper airway obstruction, laryngospasm, conversion to general anaesthesia
- I have been made aware that the sedation is being advised to relieve pain and anxiety during the procedure. It will help me remain calm, comfortable, and cooperative, allowing the procedure to be performed smoothly and safely.
- I have been clearly explained about the benefits, risk, and alternative of the sedation which is General Anaesthesia.
- I authorize Dr. SIRISHA RANI and his / her team to perform the procedural sedation upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Thaiseen
Name: Thaiseen Sulthana
Relationship with patient: Mother
Date & Time: 2-6-26 2:00 pm

Witness:

Signature: [Signature]
Name: Mohd. FaiZuddin
Date & Time: 26-6-26 2:00 pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Sirisha Rani Date: 2/6 Time: 2 pm

Observation to be documented every 15 mins

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline	106/77	110	20	100%		

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
INT MIDAZOLAM	IV	1mg	2pm	
INT FENAMINE	IV	10mg	2pm	

Doctor Notes:
 child tolerated procedure well

Time of transportation to post sedation care room: DU LOC: alert

Doctor Name: Dr. [Signature] Signature: [Signature]

Post Sedation Care Room

Time																			
Monitoring	180																		
ECG NBP Oximeter	160																		
Pain Score (0-10)	140																		
Sedation Score (0-4).....	120																		
	100																		
	80																		
	60																		
	40																		

TOTAL ALDRETTE SCORE AT DISCHARGE =
 (If 9 and more patient can discharge from post Sedation care unit)

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep = 2	Sat O ₂ > 92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal on calling = 1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O ₂ > 90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive = 0	Apnea = 0	Saturation < 90% with oxygen = 0	Bp +/- 50 mm hg of Pre-Op = 0

Patient Discharge Time: 2:30p

Nurse Name: [Signature]
 Date: 2/6 Time: 2pm

Signature: [Signature]

Consultant Name: Dr. Sandeep
 Stamp

Signature: [Signature]

BAH-00525762

IP5-00174641

Master MOHD TAJMUR

04-07-2021 4 Y 10 M 29 D (M)

Dr. SIRISHA RANI



PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Procedure Name: limb an fracture Date: 2/6 In-Time: 2 PM Out-Time: 2:30
Doctor Performing Procedure: Dr. Chavan Doctor Giving Sedation: Dr. Sandhya Assisting Nurse: Kavya

SIGN IN	Time: <u>2 PM</u>	Yes	No	NA
Patient is verified using two identifiers (Name & UHID)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All required documents, images, studies are available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NPO Status Checked from Patient / Patient Attendant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consent is Signed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any need for blood products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes Comment:				
Any Risk of Hemodynamic Compromise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes Comment:				
Any drug or food allergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes Comment:				
Correct Site of Procedure Marked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All resources required are correct, available and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signature of the Doctor: <u>[Signature]</u>				
Name of the Doctor: <u>Dr. Chavan</u>				

TIME OUT	Time: <u>2:10</u>	Yes	No	NA
Correct Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Correct Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Correct Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All the team members introduced	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signature of the Nurse: <u>[Signature]</u>				
Name of the Nurse: <u>[Signature]</u>				

SIGN OUT	Time: <u>2:30</u>	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instrument, Sponge and Needle Count Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specimens are labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any equipment problems are addressed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signature of the Nurse: <u>[Signature]</u>				
Name of the Nurse: <u>[Signature]</u>				

Any Adverse / Unexpected Events

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

BAH-00525762 IP5-00174641
Master MOHD TAIMUR
04-07-2021 4 Y 10 M 29 D (M)
Dr. S. RISHA RANI



ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

- Emergency Outpatient (OPD) Ward Operation Theater Others:

Tick (✓) any of the following criteria requiring admission / transfer to ONCOLOGY

- For Chemotherapy-Day Care or IP Admission as per the Type of Chemotherapy
- Febrile Neutropenias (ANC <500 cells / mm³)
- Netropenic Enterocolitis
- Mucositis Induced Significant Diarrohea or Pain
- Neurological Complications (like Seizures, Bleeding, Thrombosis) that can arise while on Chemotherapy Treatment or at the Time of Presentation and also for other Systemic Problems like Pancreatitis during Chemotherapy
- Management of Oncological Emergencies
- Bleeding Problems (where it is indicated)
- Evaluation and Management of Severe Anemias
- Day Care Admissions for PRBC Transfusions
- Evaluation and Management of Sick Children who come with Hematological Problems like Severe Anemia like Autoimmune Hemolytic Anemia/ Bleeding/ Others
- Primary Immunodeficiency Disorders with Infections that Warrants Hospitalisation
- Management and Evaluation of Hemophagocytic LymphoHisticytosis
- Any Systemic Disorders with Significant Hematological issues like JRA / SLE with Secondary HLH

Signature of the Doctor: *S. Rishani*

Name of the Doctor: *S. Rishani*

Date & Time: *2/6 @ 12*

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Master MOHD TAIMUR
04-07-2021 4 Y 10 M 29 D (M)
Dr. SIRISHA RANI



DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

- HDU / Step down ICU Ward Outside Facility Others:

Tick (✓) any of the following criteria requiring discharge / transfer from ONCOLOGY

- Completion of chemotherapy, with no debilitating side effects.
 Resolution of febrile episode, with no fever > 24hrs and Absolute Neutrophil count (ANC) > 500cells/mm³.
 Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor: *[Signature]*

Name of the Doctor : *Sirisha*

Date & Time: *2/6 @ 4pm*

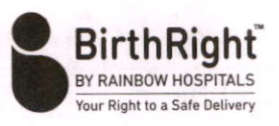


Mohd Tajmur

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/6/26 12pm	WHO B- All on Maintenance CALLA ⊕, TEL-AML ⊕. Last LP - September 2025 No fever cough cold	Plan 1) NPO from 9 am
	Vitals: SpO ₂ - 98% R/A HR - 116/min BP - 83/51 mmHg RR - 24/min Temp - 97.8°F	2) LP BMA } today 3) WF DNS.
9E	P/A - soft CVS - S1S2 ⊕ RL - B/LA ⊕ CVS - Alert	4) Monitor vitals. 5) IV cannula - CRP LFT.
		Dr. N. Prasad W/B Amal 2/6/26
2/6/26 2pm	Procedure notes Under sterile aseptic precautions, lumbar puncture done clear CSF seen, antihistemic medication administered. Bone marrow aspiration done, sample sent for morphology. vitals stable.	done

BAH-00525762 IP5-00174641
 Master MOHD TAJMUR
 04-07-2021 4 Y 10 M 29 D (M)
 Dr. SIRISHA RANI



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						

BAH-00525762 IP5-00174641
 Master MOHD TAIMUR
 04-07-2021 4 Y 10 M 29 D (M)
 Dr. SIRISHA RANI



DRUG CHART

Date of Admission: 2/5/21 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. 17.37 kg Ward.

DRUG : <u>inj. ONDANSETRON</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>3mg</u>	<u>IV</u>	<u>BH</u>	<u>02/6th</u>																	
Name & Signature of the Doctor Starting the Drugs:																				
<u>N. Prathiba .</u>																				
Additional Instructions:																				
<u>ok</u>																				
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																				
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																				

BAH-00525762
 Master MOHD TAJMUR
 04-07-2021 4 Y 10 M 29 D (M)

Weight. Ward.



Date					
Time	Nurse Sig.	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	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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.	Nurse Sig.

DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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
2/06	2pm	INT MIDAZOLAM	1mg	IV	P	with Sunita
2/06	2pm	INT KETAMINE	10mg	IV	P.	HOLD

Signature
VERIFIED BY : Name

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)

BAH-00525762
 Master MOHD TAJMUR IPS-00174641
 04-07-2021 4 Y 10 M 29 D (M)
 Dr. SIRISHA RANI



FLUID CHART

Sheet No. : 1

- 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												
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

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.

		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							
	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