

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	24 HOURS I / O			
																												INTAKE		
INTAKE	DRUGS INFUSION	mg morphine	100								100								100									ORAL		
		mg Doxamin	100								100								100									IV 960		
		mg PCM										100																NG / NJ 2060		
		mg ASKI										100																		
																												TOTAL INTAKE 3020		
																												OUTPUT		
																												URINE 2415		
	IV FLUIDS	N D5W	60	60	60	60	60	60																				NG ASPIRATE		
																												VOMITUS		
																												DRAIN		
																											UF REMOVED			
BOLUS																											TOTAL OUTPUT 2415			
																											I / O BALANCE 605			
																											DIALYSIS			
BLOOD AND BLOOD PRODUCTS																											HD STARTED			
																											HD TERMINATED			
																											HEPARIN USED			
																											UF REMOVED			
																											HD BALANCE			
NUTRITION	Tube Feeds	40	40	40	40	40	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60				
	Oral free water	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40				
	Hourly Intake	40	40	40	40	40	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60				
OUTPUT	TOTAL INTAKE	240	240	240	240	240	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300				
	NG Aspiration																													
	Vomit																													
	Hourly Urine	70	100	120	150	140	120	100	80	120	110	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100				
	Cum Urine	70	170	290	440	580	700	800	920	1040	1150	1250	1350	1450	1550	1650	1750	1850	1950	2050	2150	2250	2350	2450	2550	2650				
DRAINS																														
	Hourly Drain																													
	Total Drain																													
TOTAL OUTPUT																														

NEUROVITAL ASSESSMENT		GLASGOW COMA SCALE	TOTAL GLASGOW COMA SCALE SCORE (3-15)																												CRITICAL LAB		
			TIME	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	Time	Report	Informed to			
			EYE OPENING	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4						
			Verbal Response	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5						
			Motor Response	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6						
			TOTAL GCS	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15					
PUPILS	Right	Size	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2							
		Reacting	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R							
	Left	Size	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2							
		Reacting	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R						
Motor Power	R - UL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1								
	L - UL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1								
	R - LL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1								
	L - LL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1								

SHIFT	MORNING	EVENING	NIGHT
STAFF NAME	Rup D	Kaushik	Chabino
EMP. NO.	43310	13242	213413
SIGNATURE			
DMO ON DUTY	Dr. Sumit	Dr. Jagjeet	Dr. Awike