

|                          |                | 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                   | DRUGS INFUSION | Inj. minocycline | 50  |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       |   | INTAKE                |  |
|                          |                | Inj. Thiamine    | 50  |     |     |     |     |     |     |    | 50  |    |    |    |    |     |     | 50  |     |     |     |    |     |    |     |                       |   | ORAL                  |  |
|                          |                | Inj. Paracetamol | 100 |     |     |     |     |     |     |    | 100 |    |    |    |    |     |     | 100 |     |     |     |    |     |    |     |                       |   | IV 1490ml             |  |
|                          |                | Inj. polymyxin B | 500 |     |     |     |     |     |     |    |     |    |    |    |    | 100 |     |     |     |     |     |    |     |    |     |                       |   | NG / NJ 780ml         |  |
|                          |                | Inj. optivison   | 50  |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       |   |                       |  |
|                          |                | Inj. Teicoplanin |     |     |     |     |     |     |     |    |     |    |    |    |    | 100 |     |     |     |     |     |    |     |    |     |                       |   | TOTAL INTAKE 2270ml   |  |
|                          | IV FLUIDS      | Kabilytes        |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       |   | OUTPUT                |  |
|                          |                | IV NS 500ml      | 40  | 40  | 40  | 40  | 40  | 40  | 40  | 40 | 40  | 80 | 80 | 80 | 80 | 80  | 80  | 80  |     |     |     |    |     |    |     |                       |   | URINE 2560ml          |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       |   | NG ASPIRATE           |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       |   | VOMITUS               |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       |   | DRAIN Pq tail = 100ml |  |
| BOLUS                    |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | UF REMOVED                                  |                       |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | TOTAL OUTPUT 2660ml                         |                       |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | I / O BALANCE - 390ml                       |                       |  |
| BLOOD AND BLOOD PRODUCTS |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | DIALYSIS                                    |                       |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | HD STARTED                                  |                       |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | HD TERMINATED                               |                       |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | HEPARIN USED                                |                       |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | UF REMOVED                                  |                       |  |
| NUTRITION                | Tube Feeds     | 40               | 40  | 40  | 60  | 60  | 60  | 60  | 60  | 60 | 60  | 60 | 60 | 60 | 60 | 60  | 60  | 60  | 60  | 60  | 60  | 60 | 60  | 60 | 60  | 60                    | HD BALANCE                                  |                       |  |
|                          | Oral           |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       |   |                       |  |
|                          | Hourly Intake  | 180              | 180 | 180 | 100 | 100 | 100 | 100 | 60  | 60 | 40  | 80 | 80 | 80 | 80 | 80  | 80  | 110 | 160 | 60  |     |    |     |    |     |                       | Previous Day Intake 3010                    |                       |  |
| TOTAL INTAKE             |                | 80               | 120 | 120 | 100 | 100 | 100 | 100 | 100 | 60 | 60  | 40 | 80 | 80 | 60 | 80  | 80  | 110 | 160 | 60  |     |    |     |    |     |                       | Previous Day Output 2255                    |                       |  |
| OUTPUT                   | DRAINS         | NG Aspiration    |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | Previous Day Balance + 755                  |                       |  |
|                          |                | Vomit            |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | Cumulative Balance (+ve balance)            |                       |  |
|                          |                | Hourly Urine     | 75  | 90  | 100 | 100 | 80  | 80  | 80  | 75 | 70  | 65 | 70 | 70 | 80 | 80  | 100 | 110 | 95  | 100 | 110 | 90 | 100 | 80 | 100 | Total No. of Dialysis |   |                       |  |
|                          |                | Cum Urine        | 15  | 15  | 15  | 15  | 15  | 15  | 15  | 15 | 15  | 15 | 15 | 15 | 15 | 15  | 15  | 15  | 15  | 15  | 15  | 15 | 15  | 15 | 15  | 15                    | Total Insulin Req. In Previous Day          |                       |  |
|                          | DRAINS         |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | Last bowel opened on / times                |                       |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       |   |                       |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | Total Blood Product Received From Admission |                       |  |
|                          |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | PRBC  |                       |  |
|                          |                | Hourly Drain     |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | FFP   |                       |  |
|                          | Total Drain    |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     |                       | CRYO  |                       |  |
| TOTAL OUTPUT             |                |                  |     |     |     |     |     |     |     |    |     |    |    |    |    |     |     |     |     |     |     |    |     |    |     | SDP                   |   |                       |  |

| 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                       |          | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |      |        |              |  |  |
|                       |                    |  | 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                             |          | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11   |        |              |  |  |
|                       | 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  |    |      |        |              |  |  |
|                       |                    |  |                                       | Reacting | 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  |      |        |              |  |  |
|                       | Motor Power        |  | R - UL                                | 2        | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  |    |      |        |              |  |  |
|                       |                    |  | L - UL                                | 2        | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  |    |      |        |              |  |  |
|                       |                    |  | R - LL                                | 2        | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  |    |      |        |              |  |  |
|                       |                    |  | L - LL                                | 2        | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  |      |        |              |  |  |

| SHIFT       | MORNING  | EVENING    | NIGHT       |
|-------------|----------|------------|-------------|
| STAFF NAME  | Hemlata  | Anju Sake  | Shobha Jha  |
| EMP. NO.    | New      | New        | 13488       |
| SIGNATURE   |          |            |             |
| DMO ON DUTY | Dr. Aika | Dr. Aniket | Dr. Sumalya |