Sri Sathya Sai Palliative Care Centre - Puttaparthi

**Ascitic Tapping**

Date:

Patient ID: Name/Age/Gender:

| **S No** | **Time** | **BP** | **PR** | **SPO2** | **Fluid Removed in ml** | **Staff Signature** |
| --- | --- | --- | --- | --- | --- | --- |
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