

DAILY FLUID BALANCE
CHART

AFFIX LABEL HERE OR ENTER

24 Hours
beginning

12/4/00

FULL NAME *Lucy Crawford*

HOSPITAL NUMBER

CONSULTANT

NOTE: 1 cc = 30 MLs.

ERNE HOSPITAL
ENNISKILLEN

LPC 1 85 026

TIME	INTAKE				OUTPUT				REMARKS
	Intake by Mouth		Intravenous or other routes		Urine	Faeces	Vomit	Tube	
	Amount	Type	Amount	Type					
8 a.m.									
9 a.m.									
10 a.m.									
11 a.m.									
12 noon									
1 p.m.									
2 p.m.									
3 p.m.									
4 p.m.									
5 p.m.									
6 p.m.									
7 p.m.	Admitted.								
8 p.m.					2omb				Ketones +++ Probi +++
9 p.m.	50	Juice							
10 p.m.	100	Dialyze							
11 p.m.			100/100	N/D. D&P					
12 mid			100/200					++	
1 a.m.			100/200						
2 a.m.			100/200						
3 a.m.			500	N/Saline					Diarrhea ++.
4 a.m.			6						
5 a.m.									
6 a.m.									
7 a.m.									

DAY TOTAL	ML	ML	ML	ML	ML
NIGHT TOTAL	ML	ML	ML	ML	ML
TOTAL FOR 24 HRS.	ML	ML	ML	ML	ML

TOTAL INTAKE

TOTAL OUTPUT

Form No
M 182.

027-019-062

LC Erne Hospital

PARTICULARS OF INTRAVENOUS FLUIDS TO BE GIVEN A = PRESCRIBED BY _____

B = ADMINISTERED BY _____

PATIENT NAME: _____

HOSPITAL NUMBER: _____

NO.	DATE & TIME COMM	NAME, STRENGTH AND VOLUME OF FLUIDS (SERIAL NO.)	SITE	(HRS)	NAME, DOSE OF DRUGS ADDED	SIGNATURE DOCTOR/NURSE	
						A	B
✓	14/4/00	SOL 18	1/v			A	<i>Quinn</i>
						B	<i>A. Skiff</i>
						A	
						B	
						A	
						B	
						A	
						B	
						A	
						B	
						A	
						B	
						A	
						B	

PARTICULARS OF SUBCUTANEOUS FLUIDS TO BE GIVEN

						A	
						B	
						A	
						B	
						A	
						B	

ATTACH

ADDITIVE

LABELS

027-019-063