

FLUID INTAKE MILS PER 24 HRS								OUTPUT								
TIME	P.O.	NG	IV1	IV2	IV3	IV4	IV5	URINE	BOWELS	NG ASPIRATE	NG FREE DRAINAGE	DRAIN 1	DRAIN 2	VOMITUS	BPH	REMARKS
8 am																
9 am																
10 am																
11 am																
12 md																
1 pm																
2 pm																
3 pm																
4 pm																
5 pm																
6 pm																
7 pm																
SUB-TOTAL																
8 pm																
9 pm																
10 pm																
11 pm																
12 mn																
1 am																
2 am																
3 am																
4 am																
5 am																
6 am																
7 am																
SUB-TOTAL																
24 HR TOTAL		25		310												
Total Intake mils x 24 hrs								Total Output mils x 24 hrs								

ALLERGIES:

DRUG PRESCRIPTION

DATE STARTED	DRUG/SOLUTION	DOSE	FREQ	ROUTE	DR'S SIGN	TIME AND SIGN	BATCH NUMBER	NURSE SIGNATURE	DATE DISCONT.	DR'S SIGN
3/10/08	Claforan	1gm	q8h	I.V.	[Signature]	05:15 [Signature]				
3/10/08	Mannitol	0.5gm	q8h	I.V.	[Signature]	05:15 [Signature]				

THIS INFUSION CONTAINS AN ADDITIVE

ADDED BY [Signature] / [Signature] DATE 3-10-08

TIME 5:45 AM DATE 3-4-08

PATIENT'S NAME [Signature]

ADDITIVE <u>[Signature]</u>	AMOUNT <u>200 mgm</u>	BATCH No. <u>5052291</u>
<u>[Signature]</u>	<u>65ml</u>	<u>98114350</u>

