DAILY FLUID BALANCE CHART

24 Hours beginning 12/4/00

NOTE: 1 oz = 30 MLs.

AFFIX LABEL HERE OR ENTER

FULL NAME Lucy Crawford

HOSPITAL NUMBER

CONSULTANT

ERNE HOSPITAL ENNISKILLEN

TIME	INTAKE: Intake by Mouth – Amount	Intake by Mouth – Type	Intravenous or other routes – Amount	Intravenous or other routes – Type	OUTPUT: Urine	Faeces	Vomit	Tube	REMARKS
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.					20mls				Ketones ++++ Protein ++++
9 p.m.	50	Juice.							
10 p.m.	100	Dioralyte D		0.18					
11 p.m.			100/100	No 18.	DAMP				
12 mid			100/200				++.		
1 a.m.			100/200						
2 a.m.			100/200	.9					
3 a.m.			500	N/Saline					Diarrhoea +++.
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 |

LPC 1·85 028

Form No M 182.

043-039-083

LC-SLT

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	
	12/4/00	SOL. 18	I/V			A	[illegible]
						B	[illegible]
						A	
						B	
						A	
						B	
						A	
						B	
						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