170-010-6470

ORDER FORM FOR TOTAL PARENTERAL NUTRITION SOLUTIONS (R.B.H.S.C.)

PATIENTS NAME Adam Strain

HOSPITAL NO° 364377

WARD Musgrave

PATIENTS WEIGHT 7.35

DATE OF BIRTH 4.8.91

FOR ADMINISTRATION ON 30/12/91

NO° OF BAGS REQUIRED 3

ORDERED BY [signature]

DATE 30/12/91 CENTRAL/PERIPHERAL LI

K EQUIRED BAG TYPE

NON STANDARD BAG		STANDARD	Kg	STANDARD ICU	Kg. ~ 1 Cal per ml.
SPECIFY REQUIRMENTS		CENTRAL/PERIPHERAL		CENTRAL ONLY	
NO ACID: S17	140 ml	SYN 9 40ml/kg		SYN 17 20ml/kg	
INTRALIPID 20%	100 ml	20ml/kg		20ml/kg	
DEXTROSE 25%	700 ml	120ml/kg		80ml/kg	
ELECTROLYTES					
SODIUM	30 ~~40~~ mmol	3.0mmol/kg		3.0mmol/kg	
POTASSIUM	14 mmol	2.4mmol/kg		2.0mmol/kg	
PHOSPHATE	7 mmol	1.2mmol/kg		1.0mmol/kg	
MAGNESIUM	7 mmol	0.2mmol/kg		0.2mmol/kg	
CALCIUM	3.75 mmol	0.75mmol/kg		0.75mmol/kg	
M.V.I. PAED	5 ml	0-0.999kg 1.5ml	1-3kg 3.25ml	over 3k 5ml	
ADDITRACE	ml				
ZINC (55.5umol/ml)	ml				
SODIUM LACTATE	mmol				
A.C.					

ROYAL VICTORIA HOSPITAL BELFAST

--- DUPLICATE LABEL --- :48

Parenteral Nutrition Solution

Patient Id: 364377 Bag Id: 0020
Name: ADAM STRAIN
Loc: MUSGRAVE Billing Code: 706
Physician: DR MAGILL Order Number: 07301291
Order Volume: 958 ml

SYNTHAMIN 17	-	140 ml
INTRALIPID 20%	-	100 ml
DEXTROSE 25%	-	700 ml

--Additives--	-Dose-
M.V.I. PAED	5.00 ml

** Approximate Electrolyte Totals **

Na+	30.00 mmol	Cl-	40.31 mmol
K+	14.00 mmol	PO4--	7.00 mmol
Ca++	3.75 mmol		
Mg++	0.70 mmol		

Nitrogen Content	2.3 gm	Protein Calories	59 Kcal
Non-Protein Calories	900 Kcal	Dextrose Calories	700 Kcal
Total Calories	959 Kcal	Lipid Calories	200 Kcal

Prep. By: _____ Date 30/12/91 Time 12:41:48
Do Not Use After 18:41 on 02/01/92
Delivery Time To Patient: /12/91

1-55107 3 0

AS - ROYAL

220-010-670

X2

OK

ORDER FORM FOR TOTAL PARENTERAL NUTRITION SOLUTIONS (R.B.H.S.C.)

PATIENTS NAME Adam Strain HOSPITAL NO° 364377 WARD Musg

PATIENTS WEIGHT 7.2 DATE OF BIRTH 4.8.91 FOR ADMINISTRATION ON 3.1.92

NO° OF BAGS REQUIRED 1 ORDERED BY [illegible] DATE 2.1.92 CENTRAL / PERIPHERAL L

TICK EQUIRED BAG TYPE

NON STANDARD BAG			STANDARD	Kg	STANDARD ICU	Kg	Cal per ml.
SPECIFY REQUIRMENTS			CENTRAL/PERIPHERAL		CENTRAL ONLY		
AMINO ACID: S17	140	ml	SYN 9	40ml/kg	SYN 17	20ml/kg	
INTRALIPID 20%	100.	ml		20ml/kg		20ml/kg	
DEXTROSE 25 %	700	ml		120ml/kg		80ml/kg	
ELECTROLYTES							
SODIUM	30	mmol		3.0mmol/kg		3.0mmol/kg	
POTASSIUM	14	mmol		2.4mmol/kg		2.0mmol/kg	
PHOSPHATE	7.	mmol		1.2mmol/kg		1.0mmol/k	
MAGNESIUM	7	mmol		0.2mmol/kg		0.2mmol/kg	
CALCIUM	3.75	mmol		0.75mmol/kg		0.75mmol/kg	
M.V.I. PAED	5.	ml	0-0.999kg 1.5ml	1-3kg 3.25ml		over 3kg 5ml	
ADDITRACE		ml					
ZINC (55.5umol/ml)		ml					
SODIUM LACTATE		mmol					
C.A.C							

ROYAL VICTORIA HOSPITAL BELFAST

--- DUPLICATE LABEL ---

Parenteral Nutrition Solution

Patient Id: 364377 Bag Id: 0022
Name: ADAM STRAIN
Loc: MUSGRAVE Billing Code: 706
Physician: DR MAGILL Order Number: 05030192
Order Volume: 958 ml

SYNTHAMIN 17	-	140 ml
INTRALIPID 20%	-	100 ml
DEXTROSE 25%	-	700 ml

--Additives--	-Dose-
M.V.I. PAED	5.00 ml

** Approximate Electrolyte Totals **

Na+	30.00 mmol	Cl-	40.31 mmol
K+	14.00 mmol	PO4	7.00 mmol
Ca++	3.75 mmol		
Mg++	0.70 mmol		

Nitrogen Content	2.3 gm	Protein Calories	59 Kcal
Non-Protein Calories	900 Kcal	Dextrose Calories	700 Kcal
Total Calories	959 Kcal	Lipid Calories	200 Kcal

Prep. By: _____ Date 03/01/92 Time 10:48:05
Do Not Use After 16:48 on 06/01/92
Delivery Time To Patient: 04/02/92

(Solution contains 100 ml overfill)

INFUSE THROUGH CENTRAL VEIN * STORE IN FRIDGE *

BELFAST

AS - ROYAL