ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 4-12-91

Weight .....Kg

Name	D.O.B.	Hosp. No.
ADAM STRAIN		

960mls TPN + orals

TIME (hr)	INTAKE						OUTPUT				
	TPN INTRAVENOUS TPN				ORAL		SUPRA Urine Pubic Catheter	Aspirate or Vomit	Stool	NEPHROSTOM Comment (R) + (L)	
	1 Level	Amount	2 Level	Amount	Fluid	Amount					
10.00	27	3					NIL			6	11
11.00	70	5			½ st SMA		NIL			15	15
12.00	34	41			B feed	60mls	NIL	large vomit	BO soft	16	15
11.00	90	55							BO	6	7
12.00	56	89					NIL			18	18
13.00	100	125									
14.00	75	150				70	NIL				
15.00	37	188	change over					vomit		-	2
16.00	4	221	50	—				vomit			
17.00			40	231	½ st B feed	80mls	NIL			26	27
18.00			100	331						10	10
19.00			75	296						18	10
20.00			40	321			NIL				
21.00			60	351	B Feed	30mls		small vomit before feed			
22.00			100	381						50	28
23.00			80	401							
24.00			40	441							
01.00			60	458						50	50
02.00			100	588	B feed	30 mls					
03.00			70	618					BO soft	20	20
04.00			40	648						20	
05.00			100	678						20	10
06.00			60	718	B feed	60 mls			BO++ soft		
07.00			62	720						30	30

Total Intake		Total Output			
Intravenous 720 ml	Oral 330 ml	Urine .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools 332 276

24 – Hour INTAKE 1050 ml

24 – Hour OUTPUT 608 ml

AS - ROYAL [redacted] 049-018-035

Name..... Date...../...../..... Hosp. No..... Wt..... .....Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME Start	TIME Finish	Prescribed by	ERECTED BY
1								
2								
3								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL. Per.....Hrs. .....mls. .....mls/kg	**TOTAL ENERGY** .....kcals ..... kcals/kg	
PROTEIN Vol. Cals.	**DEXTROSE** Conc. Vol. Cals.	**FAT** Conc. Vol. Cals.

Amino Acids (grams)	Nitrogen (grams)	Nitrogen/Cal Ratio	CHO (grams)	Other Additives
Fat (grams)	NaCl mmols	Na Lactate mmols	K + mmols	
Cl— mmols	Ca + + mmols	Mg + + mmols	PO_4 = mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 5.12.91

Weight.....Kg

Name	D.O.B.	Hosp. No.
Adam Strain	420 568 / 988	330 568 / 898

960 m/s TPN/ORAL Q4 HOURS

TIME (hr)	INTAKE						OUTPUT				
	TPN INTRAVENOUS				ORAL		Supra-pubic Urine Catheter	Aspirate or Vomit	Stool	NEPHROSTOMY Comment	
	1 Level	Amount	2 Level	Amount	Fluid	Amount				R	L
09.00	60	2					2.			30	10
10.00	58	4									
11.00	45	17								5	10
11.00/16	150	48			B feed	90mls	NIL			7	12
12.00											
13.00											
14.00	95	208									
15.00	44	224			B feed	40mls					
16.00	56	242			B feed	90	NIL			9	9
17.00	38	260.					NIL			13	16
18.00	70	283	TPN changeover				NIL			15	15
19.00	50	303	100	303	B/feed	70mls	NIL			12	15
20.00			75	328			NIL			10	16
21.00			44	359			NIL			14	3
22.00			155	393	B feed	refused.	NIL			15	10
23.00			129	419			NIL	large	B/O.	13	20
24.00/30			80	468			NIL			15	20
01.00			70	478			NIL				
02.00			40	508	B feed	60 mls	NIL			7	22
03.00			20	528			NIL			5	8
04.00			120	548			NIL			14	15
05.00			100	568			NIL			13	20
06.00			83	585	B feed		NIL			14	14
07.00			60	608			NIL			7	15

Total Intake		Total Output			
Intravenous 608 ml	Oral 430 ml	Urine \ ml	Aspir^{n} ml	No. of Vomits X2	No. of Stools 28 315 X2

24 – Hour INTAKE 1038 ml

24 – Hour OUTPUT 281+315 596 ml

AS - ROYAL [redacted]

049-018-037

Name..... Date...../...../..... Hosp No:..... Wt..... .....Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME Start Finish	Prescribed by	ERECTED BY
1						
2						
3						
5						
6						

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL. Per.....Hrs. .....mls. .....mls/kg	TOTAL ENERGY .....kcals ..... kcals/kg

PROTEIN Vol. Cals.	DEXTROSE Conc. Vol. Cals.	FAT Conc. Vol. Cals.

Amino Acids (grams)	Nitrogen (grams)	Nitrogen/Cal Ratio	CHO (grams)	Other Additives
Fat (grams)	NaCl mmols	Na Lactate mmols	K + mmols	
Cl— mmols	Ca + + mmols	Mg + + mmols	PO_4 = mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 6-12-91

Weight .....Kg

Name	D.O.B.	Hosp. No.
Adam Strain		364377

IF ADAM DOESN'T TAKE THE BOTTLE - HE WILL TAKE IT FROM A SPOON

TIME (hr)	INTAKE						OUTPUT				
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment	
	1 Level	Amount	2 Level	Amount	Fluid	Amount	Sub Arbic Cath			R	L
09.00	45	15						Large		17	10
10.00	25	35			Bleed	90mls		BB	BO		8
10	60	53					1 ml			30	20
11.00	40	73								6	15
12.00	[illegible]										
13.00	[illegible]										
14.00	[illegible]										
15.00	72	133								35	30
16.00	55	151								15	20
17.00	34	172			B feed	130 mls		Mod	B/O	13	10
18.00	25	181 Change feeder	160							18	27
19.00	153	208								9	14
20.00			110	80				Med		171	182
21.00			80	80							
22.00	1/5 strength		60	40	Dextrose	100mls	—	Med		25	55
23.00	100	—	25	65							
24.00	50	20	100	90							
01.00	66	34	70	120						35	35
02.00	45	55	35	255							
03.00	10	80	100	290							
04.00	100	95	75	315						38	35
05.00	80	105	45	345	D'lyte	100		Med.	B/O		
06.00	60	125	25	375							
07.00	55	140	60	400.					B/O	60	80

Total Intake		Total Output			
Intravenous 60 + 140 ml = 748	Oral 560 ml	Urine 1 ml	Aspir^{n} ml	No. of Vomits X 7	No. of Stools R 158 + 384 L = 545

24 – Hour INTAKE 1208 ml

24 – Hour OUTPUT 545 ml

AS - ROYAL [illegible]

049-018-039

Name..... Date...../...../..... Hosp. No..... Wt..... .....Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME Start	TIME Finish	Prescribed by	ERECTED BY
1	500	1/5(N) saline		20.	0800			
2								
3								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL.

Per.....Hrs. .....mls.

.....mls/kg

TOTAL ENERGY

.....kcals

..... kcals/kg

PROTEIN		DEXTROSE	Conc.	FAT	Conc.
Vol.	Cals.	Vol.	Cals.	Vol.	Cals.

Amino Acids (grams)	Nitrogen (grams)	Nitrogen/Cal Ratio	CHO (grams)	Other Additives
Fat (grams)	NaCl mmols	Na Lactate mmols	K+ mmols	
Cl− mmols	Ca++ mmols	Mg++ mmols	PO_4= mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 7-12-91

Weight .....Kg

Name	D.O.B.	Hosp. No.
Adam Strain		364377

TIME (hr)	INTAKE						OUTPUT				
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment	
	1 TPN Level	Amount	2 N/Saline Level	Amount	Fluid	Amount	Supra Pubic	PD Blood		R	L
9.00	130	55	30	25	Breast	20mls.	—	—	Mucous green blood	10	25
10.00	98	90	28	30							
11.00	95	90	28	30						20	5
11.00	45	140	[redacted]							20	
12.00											
13.00											
14.00											
15.00	12	173									
16.00	10	175								30	140 – 35
17.00								X	3/o SLIGHT		
18.00			T/N 18.								
19.00 ~~20.00~~	100	~~185~~ 195	100	—	3/Feed	65mls		—		55	195 – 35
20.00	82	213	70	70						16	211
21.00	52	243	46	94						16	254
22.00	150	280	150	124						30	57
23.00										21	33 – 35
24.00	90	340	105	169						21	273 – 35
01.00	70	360	85	189						18	296
02.00	40	390	60	214	Breast refused						
03.00	150	420	37	237					B O	32	318
04.00	122	448	45	259	FAST IN GT					7	325
05.00	95	175	100	284							
06.00	70	200	75	309							
07.00	55	215	51	335						60	385

Total Intake		Total Output			
Intravenous 550 ml	Oral 195 ml	Urine 385 ml	Aspir^{n} ..... ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE	24 – Hour OUTPUT
745 ml	..... ml

AS - ROYAL [redacted]

049-018-041

Name..... Date...../...../..... Hosp. No..... Wt..... .....Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME Start	TIME Finish	Prescribed by	ERECTED BY
1	1bag	TPN		30/hour	7Pm			
2	Saline	M/S Solution		25/hour	7Pm			
3								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL.

Per.....Hrs. .....mls.

.....mls/kg

TOTAL ENERGY

.....kcals

..... kcals/kg

PROTEIN		DEXTROSE	Conc.	FAT	Conc.
Vol.	Cals.	Vol.	Cals.	Vol.	Cals.

Amino Acids (grams)	Nitrogen (grams)	Nitrogen/Cal Ratio	CHO (grams)	Other Additives
Fat (grams)	NaCl mmols	Na Lactate mmols	K+ mmols	
Cl− mmols	Ca++ mmols	Mg++ mmols	PO_4= mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 8/12/91

Weight 7.2 Kg

900 mls

Name	D.O.B.	Hosp. No.
Adam Strain		364337

TIME (hr)	INTAKE						OUTPUT				
	INTRAVENOUS				ORAL		Urine		Aspirate or Vomit	Stool	Comment
	1 TPN Level	Amount	2 1/5 N/5 Level	Amount	Fluid	Amount	R.	L.			Drip Site
08.00	40	15	25	25	↓	NIL					✓ [signature]
[illegible]	20	35.	100	50			35	0			✓ [signature]
1[illegible]	100	55								[illegible]	
11.00	\	\									
12.00											
13.00											
14.00											
15.00											
16.00											
17.00											
18.00											
19.00											
20.00											
21.00											
[illegible]											
2[illegible]											
24.00											
01.00											
02 00											
03.00											
04.00											
05.00											
06.00											
07.00											

Total Intake		Total Output			
Intravenous..........ml	Oral..........ml	Urine ....ml	Aspir^n ....ml	No. of Vomits	No. of Stools ....

24 – Hour INTAKE ....ml

24 – Hour OUTPUT ....ml

Name..... Date...../...../..... Hosp. No..... Wt..... .....Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME Start Finish	Prescribed by	ERECTED BY
1							
2							
3							
5							
6							

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL. Per.....Hrs. .....mls. .....mls/kg	TOTAL ENERGY .....kcals ..... kcals/kg

PROTEIN Vol. Cals.	DEXTROSE Conc. Vol. Cals.	FAT Conc. Vol. Cals.

Amino Acids (grams)	Nitrogen (grams)	Nitrogen/Cal Ratio	CHO (grams)	Other Additives
Fat (grams)	NaCl mmols	Na Lactate mmols	K + mmols	
Cl— mmols	Ca + + mmols	Mg + + mmols	PO_4 = mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 9-12-91

Weight .....Kg

Name	D.O.B.	Hosp. No.
Adam Strain	9/12/91	

TIME (hr)	INTAKE						OUTPUT			
	TPN INTRAVENOUS 5/N Saline				ORAL		Urine	Aspirate or Vomit	Ureostomy Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount	Surg Unit	Perineal catheter	R L	stool
08.00										
09.00	77	40	75	16						
10.00	60	57	67	24	5% Dextro	20	NIL	7	27 99	
11.00	30	87	54	37			NIL	0	0 0	
12.00	0	117	40	51	[illegible]	[illegible]	[illegible]	6	1 0	
13.00	[illegible]								25	
14.00										
15.00			12	99	[illegible]				15 55	NKD
16.00			8	83					17 R	
17.00 30	100	117	6	85	Dextrolyte	60mls			15 0	
18.00	80	137	3	88			NIL		17 0	
19.00	45	172	160	91	Dextrolyte	40mls			(+) leakage ++	B/O diahorroea
20.00	24/00	193	157	94					30 5	
21.00	80	213	155	96					16 NIL	
22.00	42	251	154	97					17 –	
23.00	100	293	152	99					23 –	
24.00	65	328	150	101					15 65	
01.00	30	358	148	103					–	
02.00	100	395			Dextrolyte	100 ml			40 –	
03.00	65	428							12 40	
04.00	30	458							12 –	
05.00	100	481			Dextrolyte	bolus	NIL		10 50	
06.00	65	516							12	leakage
07.00	25	566							23 42	

Total Intake		Total Output			
Intravenous 566 + 103 – 69 ml	Oral 580 ml	Urine ml	Aspir^{n} ml	No. of ~~Vomits~~ R 4 L 5. 3 9 + 331	No. of Stools .....

24 – Hour INTAKE	24 – Hour OUTPUT
= 1049 ml	= 680 ml

AS - ROYAL [illegible]

049-018-045

Name..... Date...../...../..... Hosp. No..... Wt..... .....Kgs.

FLOW

INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME Start	TIME Finish	Prescribed by	ERECTED BY
1		TPN		30	CROSS			
2								
3								
4								
5								

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL. Per.....Hrs. .....mls. .....mls/kg	TOTAL ENERGY .....kcals ..... kcals/kg

PROTEIN	DEXTROSE	FAT
	Conc.	Conc.
Vol. Cals.	Vol. Cals.	Vol. Cals.

Amino Acids (grams)	Nitrogen (grams)	Nitrogen/Cal Ratio	CHO (grams)	Other Additives
Fat (grams)	NaCl mmols	Na Lactate mmols	K + mmols	
Cl— mmols	Ca + + mmols	Mg + + mmols	PO_4 = mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	

AS - ROYAL