ROYAL BELFAST HOSPITAL FOR SICK [illegible]

Fluid Balance and I.V. Prescription Sheet

Date 20/12/91

Weight.....Kg

Name	D.O.B.	Hosp. No.
Adam Strain	4.8.91	364377

TIME (hr)	INTAKE						OUTPUT				
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment	
	1 Level	[illegible] Amount	2 Level	Amount	Fluid	Amount					
08.00	60	20	60	24	Asleep		L. nephrostomy			Sugar	Urostomy
	40	40	30	54			21	21			
10.00	70	65	48	33			15	21			
11.00											
12.00											
13.00											
14.00											
15.00											
16.00	70	180									
17.00	55	195	6/50	248 (FASTING)							
18.00	50	227	24	239							
19.00	45	232	50	245							4978
20.00	30	247	40	255							
21.00	15	262	26	269							
22.00		270	12	283							
23.00	100	277	100	285							
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	Aspir^{n}	No. of Vomits	No. of Stools
		.....ml	.....ml	.....	.....

24 – Hour INTAKE .....ml

19 24 – Hour OUTPUT
13
21 4

AS - ROYAL

051-010-031

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								

PARENTERAL NUTRITION PRESCRIPTION

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.	