

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
Fluid Balance and I.V. Prescription Sheet

Date...19-12-91

Weight.....Kg

Name

D.O.B.

Hosp. No.

Adam
Strain

4-8-91

364377

TIME (hr)	INTAKE						OUTPUT				
	T.P.N		INTRAVENOUS		ORAL		Urine	Aspirate or Vomit	Stool	Comment	
	1 Level	Amount	2 Level	Amount	Fluid	Amount					
08.00	100	33					30	30			
09.00					B-feed	offered 60					
10.00	47	86									
11.00	24	69	18	-							
12.00	24	69	18	-							
13.00											
14.00											
15.00	55	248	157	83							
16.00	90	283	40	100							
17.00	67	306	150	128							
18.00	135	321	115	63	D/Lyte	20mls		20mls			
19.00	120	336	100	178			38	120			
20.00	100	356	80	198							
21.00	80	376	60	218			17	99			
22.00	66	390	46	232	wretching		15	114			
23.00	40	346	100	260			14	128			
24.00	60	434	80	280			15	143			
01.00	30	454	60	300			20	163			
02.00	100	474	37	323			12	175			
03.00	78	496	100	346	wretching		10	185			
04.00	57	517	78	368			15	200			
05.00	38	539	56	390			18	218			
06.00	50	551	44	402			4	222			
07.00											
Total Intake						Total Output		No. of Vomits		No. of Stools	
Intravenous.....ml						Urine		Aspir ⁿ			
551						222					
402						551					
953						551					
24 - Hour INTAKE						24 - Hour OUTPUT		051-12B-039			
953						579					

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

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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		TPN		35ml		Slraig	
2		5% Dextrose		25ml/hr	for 6 hrs	Slraig	
3							

<u>TOTAL VOL.</u> Per.....Hrs.mls.mls/kg		<u>TOTAL ENERGY</u>kcal kcal/kg	
<u>PROTEIN</u> Vol. Cals.	<u>DEXTROSE</u> Vol. Cals.	<u>FAT</u> Vol. Cals.	Conc. Conc.

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.	

051-0128-040

051-0128-040

AS - ROYAL