

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

Date 20-3-92

Weight.....Kg

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

900 mls / 24 hrs

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 TPN Level	Amount	2 Morphine Level	Amount	Fluid	Amount				
08.00							270			
09.00				0.5mls						
10.00		94 mls			Sp. feed	30 mls				
					B. feed	90				large loose
12.00										
13.00										
14.00										
15.00										
16.00										
17.00					S. feed	mil				
18.00					b. feed	30 mls	PU			seedy loose
19.00										
20.00					S. feed	4 spoonfuls	NPU			
21.00					B. feed	10 mls				
22.00										
23.00										
00.00					B. feed	200	PU			large seedy little high hole cut in test
01.00							2 PU			seedy 1/2
02.00					juice	30 mls				
03.00										
04.00										
05.00										
06.00					D. lyte	200	PU			watery green
07.00										
Total Intake					Total Output				No. of Vomits	No. of Stools
Intravenous.....94.....ml					Oral.....770.....ml		Urine	Aspir ⁿ		
							ml	ml		

24 - Hour INTAKE

864

24 - Hour OUTPUT

051-017a-048

AS - ROYAL