... BELFAST HOSPITAL FOR SICK CHILDREN

FLUID BALANCE

Name: Adam Strain Hospital No.: Date: 17.3.95 D.O.B. 4-8-91

TIME	INPUT – INTRAVENOUS: 0.18% NaCl 4% Dex		Epidural Morphine				ORAL		OUTPUT – ASP./VOMIT Amt.	Total	URINE Amt.	Total	STOOL TOTAL	DRAIN	COMMENTS Site Sign
09.00	45	47	3	2							32	32			✓ B.[illegible]
10.00	5 / 150	87	1.5 / 50	3.5 / 4											✓ E. Hawth[illegible]
11.00	120 Vol cleared	113	50	4			10	10							✓ B[illegible]
12.00	29	29.					10	20							
13.00	44	73	48	6											
14.00	36	109	47	7			10	30			95	127			✓ Allen[illegible]
15.00	35	144	45	9											✓ Allen[illegible]
16.00	53	197.			TPN @ 35mls/hr /	/	10	40.			77	204			✓ Allen[illegible]
17.00	H		42	12	18	18.									✓ Allen[illegible]
18.00			40.5	13.5	43.	61.					83	287			✓ L. Irwin
19.00			39	15.	35	96.	Refused Dioralyte				34	321			✓ C. Irwin
20.00			34.5	19.5	39.	135 217	Sm[illegible] 4.5 strength 40mls				30	351			✓ C. Irwin

Intravenous Total	352
Oral Total	
DAY TOTAL INTAKE	

...Total	
...OUTPUT	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

FLUID BALANCE

Name: Adam Strain Hospital No.: Date: D.O.B.

TIME	INPUT – INTRAVENOUS: TPN		EPIDURAL		ORAL	OUTPUT – ASP./VOMIT Amt.	Total	URINE Amt.	Total	STOOL TOTAL	DRAIN	COMMENTS
21.00	31	166	33	21	[illegible]				[illegible]			
22.00	[illegible]	[illegible]	[illegible]	[illegible]								
23.00	[illegible]	[illegible]	[illegible]	[illegible]								
24.00	35	265	26.0	2.5								
01.00	40	305	25.00	1.0								
02.00	34	339										
03.00	28	367										
04.00	42	409										
05.00	26	435										
06.00	39	474						[illegible]	[illegible]			
07.00	41	515						[illegible]	[illegible]			
08.00	—	33										

Intravenous Total	515
Oral Total	

867

	417 [illegible]
...AL OUTPUT	

AS - ROYAL

768

051-017D-051

Weight.....

INTRAVENOUS FLUID PRESCRIPTION SHEET

mls/kg.....

	Amount ml	Type of Fluid	Name and Amount of Additives	Rate ml/hr	Time Start	Time Finish	Prescribed by (Signature)	Erected by
	500	NaHCO3		35				
1		TPN		35				
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

NUTRITION PRESCRIPTION

ENTERAL FEEDS				
Type	Vol.	Freq.	Total	Cals.

Day of regime.....

PARENTERAL NUTRITION

SOLUTION	%	VOL	CALS	N_G	CHO_G	FAT_G	Na	K	Ca	Mg	PO_4	VITAMINS	TRACE ELEMENTS	OTHER ADDITIVES	ENERGY CAL/ml	N/CAL RATIO
TOTAL INFUSED																
TOTAL per kg																

24 HR. INTAKE

FLUID		
BLOOD		
PLASMA		
	INTRAVENOUS	
	ORAL	
	TOTAL	

24 HR. OUTPUT

URINE	
ASPIRATION	
DRAINAGE	
TOTAL	

AS - ROYAL

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