

TIME	INPUT										OUTPUT						COMMENTS			
	INTRAVENOUS										ORAL		ASP./VOMIT		URINE			STOOL TOTAL	DRAIN	
	0.186/1.472		Expend		Machine		Amt.	Total	Amt.	Total										
09.00	45	47	3	2																✓ B. H.
10.00	5	87	1.5	3.5																✓ E. Hawk
11.00	120	113	50	4						10	10									✓ B. H.
12.00	29	29								10	20									
13.00	44	43	48	6																
14.00	36	109	47	7						10	30									✓ Allent
15.00	35	144	45	9																✓ Allent
16.00	53	197			TPN @ 35mb					10	40									✓ Allent
17.00	1		42	12	18	18														✓ Allent
18.00			40.5	13.5	43	61														✓ Allent
19.00			39	15	35	96														✓ C. Irwin
20.00			34.5	19.5	39	135				sm	40mls									✓ C. Irwin
Intravenous Total		352																		
Oral Total		1																		
DAY TOTAL INTAKE																				

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Name Adam Sreain

Hospital No

Date.

D.O.B.

FLUID BALANCE

		Hospital No. _____										Date _____		D.O.B. _____										
TIME	INPUT															OUTPUT				COMMENTS				
	INTRAVENOUS															ORAL		ASP./VOMIT			URINE		STOOL	DRAIN
	TPN	APIDREN																Amt.	Total		Amt.	Total	TOTAL	
21.00	31	166	33	21																				
22.00	25	19	3	21																				
23.00	42	22	21	25																				
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																						
07.00	41	515																						
08.00	-	93																						
Intravenous Total		515										417												
Oral Total																								
AS - ROYAL		8670										TOTAL OUTPUT												

CH 364377 Vol 3 Page: 51

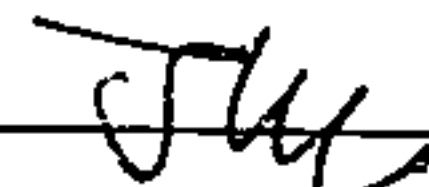
CH 364377 Vol 3 Page: 51

051-017A-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
1	500	Ab/1850h TPN		25 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	

AS - ROYAL

24 HR. OUTPUT

URINE	
ASPIRATION	
DRAINAGE	
TOTAL	

051-017d-052