ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 16-3-92

Weight.....Kg

Name	D.O.B.	Hosp. No.
Adam Strain	4-8-91	

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00										
09.00										
11.00										
12.00										
13.00										
14.00										
15.00										
16.00										
17.00										
18.00										
19.00										
20.00										
21.00										
22.00										
24:00										
01.00										
02 00										
03.00										
04.00										
05.00										
06.00										
07.00										

Total Intake		Total Output			
ntravenous.....ml	Oral.....ml	Urine .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE

.....ml

24 – Hour OUTPUT

.....ml