

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

620

Date 15.3.92

Weight.....Kg

Name

D.O.B.

Hosp. No.

Adam
Strain

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800-900

TIME (hr)	INTAKE						OUTPUT				
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment	
	1 T. Feed Level	Amount	2 T. P.N. Level	Amount	Fluid	Amount					
08.00				5mb							
09.00				12mls				mouthful			
	74mb		New Bag	5mb			50mls				
11.00								mouthful			
12.00	119mb			18mb			20mls				
13.00	Plus										
14.00	10			37mb			15mls				
15.00							130mls				
16.00											
17.00	58			84mls							
18.00											
19.00	135			188							
20.00				Total 454							
21.00	205			285							
22.00											
23.00							170		30	VERY LOOSE	
24.00	FASINCY										
01.00											
02.00											
03.00				486							
04.00				507							
05.00											
06.00											
07.00				676			260				
Total Intake				Total Output							
Intravenous 205/676 ml		Oral.....ml		Urine 620 ml		Aspir ⁿml		No. of Vomits		No. of Stools	

24 - Hour INTAKE

931

24 - Hour OUTPUT

051-017f-054

AS - ROYAL