

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date.....13-3-92

Weight.....Kg

Name

D.O.B.

Hosp. No.

Adam
Strain

TIME (hr)	INTAKE						OUTPUT			
	INTRA VENOUS TUBE				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08		180					150 ml	Large m'ful	30	Loose
09.00										
10.00					Juice	25 ml		Small 3rd		
11.00										
12.00										
13.00		52								
14.00										
15.00										
16.00							Pu +	Small Vomit x 3	Large 30	Very loose
17.00					Juice	50 ml		Large		
18.00										
19.00		139		139						
20.00	↑ 140									
21.00		211		175			Pu	Small		
22.00							140			
23.00										
01.00	change over	380		258						
02.00										
03.00		440		285				Small		
04.00		484		301						
05.00		553		335						
06.00		607		361			120	Small		
07.00										
Total Intake					Total Output		No. of Vomits		No. of Stools	
Intravenous.....617 + 361.....ml					Oral.....75.....ml		Urine		Aspir ⁿ	
978					520		ml		ml	
					+ Pu + 2					

24 - Hour INTAKE

978

24 - Hour OUTPUT

051-017h-056

AS - ROYAL