

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date...12.3.92.....

Weight.....Kg

Name

D.O.B.

Hosp. No.

Adam
Strain

900

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	TPN Amount	2 Level	Amount	Fluid	Amount				
08		60								Bo.
09	Noiced	0			Juice	50 ml		20ml		
10.00					Juice	30 ml		10ml		
11.00					Juice	30 ml				
12.00		72								
13.00		78								
14.00		130						30ml		
15.00										
16.00								40ml		
17.00		209						PU	30	
18.00		247						10ml		
19.00					Post 5mls	3 tps				
20.00		297								
21.00										
22.00		387								
23.00		1						100		
00.00		484								
01.00		542								
02.00		569								
03.00		599								TPN
04.00		648								↓ 10mls/h
05.00		650								
06.00		660								
07.00		670								
Total Intake						Total Output		No. of Vomits		No. of Stools
Intravenous.....730.....ml						Oral.....175.....ml		Urine 250 ml		Aspir ⁿml

24 - Hour INTAKE

905.....ml

24 - Hour OUTPUT

051-017i-057

AS - ROYAL