(58)

EASTERN HEALTH AND SOCIAL SERVICES BOARD

.... HOSPITAL

DAILY FLUID CHART

AFFIX LABEL HERE OR ENTER

FULL NAME Adam Strain

ADDRESS

D.O.B.

WD./~~O.P.D.~~ musg

HOSPITAL NO.

24 Hours
Beginning 11·3·92

CH 364377 Vol 3 Page: 58

INTAKE (1 Line)

TIME	BY MOUTH Amount ml.	BY MOUTH Type	INTRAVENOUS OR OTHER ROUTES (TPN) Amount ml.	INTRAVENOUS OR OTHER ROUTES Type	(Dex Sal) Add.					REMARKS
0800		~~[illegible]~~	50			PV?	BO small			
0900			vol cleared 0			o				
1000			91							
)00										
200			154		0			small small small		iv site
1300										
1400			253		49	PV?				✓ [illegible]
1500										
1600			308		78					
1700			343		97	180		med → blood in vomit ✓ [illegible]		
1800										
~~1900~~ 1930			435		143					
2000										
21000						90 + leak 30		Vomiting [illegible] All day		Very loose
2200										
2300										
00										
00										
200										
0300										
0400										
0500										
0600										
0700										

051-017j-058

AS - ROYAL

ATE:- INTAKE

Name ....

TOTAL	By Mouth	Intravenous or Other Routes	Urine	Faeces	Vomit	Gast. Asp.	Drain
Day Total	ML	ML					
Night Total	ML	ML					
Total for 24 hours	ML	ML					

TOTAL INTAKE