ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 29-3-92

Weight ..... Kg

660

Name	D.O.B.	Hosp. No.
Adam Strain		

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00										
09.00										
10.00										
11.00										
12.00										
13.00										
14.00										
15.00										
16.00										
17.00										
18.00										
19.00										
20.00										
21.00										
22.00					Tfeed	180				
23.00									30	Loose Green
24.00										
01.00					Tfeed	180			B/O Soft	
02.00									BO Loose green	
03.00										
04.00					Tfeed	80	Weekly Tit			
05.00					Tfeed	100			B/O Soft	
06.00					Tfeed	120				
07.00										

Total Intake		Total Output			
Intravenous ..... ml	Oral 710 ..... ml	Urine Pn ..... ml	Aspirⁿ ..... ml	No. of Vomits	No. of Stools X 2

24 – Hour INTAKE ..... ml

24 – Hour OUTPUT .....

051-017k-059

AS - ROYAL

Name..... Date...../...../..... Hosp. No..... Wt..... .....Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME Start Finish	Prescribed by	ERECTED BY
1							
2							
3							
5							
6							

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL.

Per.....Hrs. .....mls.

.....mls/kg

TOTAL ENERGY

.....kcals

..... kcals/kg

PROTEIN		DEXTROSE	Conc.	FAT	Conc.
Vol.	Cals.	Vol.	Cals.	Vol.	Cals.

Amino Acids (grams)	Nitrogen (grams)	Nitrogen/Cal Ratio	CHO (grams)	Other Additives
Fat (grams)	NaCl mmols	Na Lactate mmols	K+ mmols	
Cl− mmols	Ca++ mmols	Mg++ mmols	PO_4= mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	