EASTERN HEALTH AND SOCIAL SERVIC

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AFFIX LABEL HERE OR ENTER

FULL NAME Adam Strain.
ADDRESS

D.O.B. 4·8·91 WD./O.P.D.
HOSPITAL NO. 364377

DAILY FLUID CHART

24 Hours
Beginning ~~4·3·92~~ 4·3·92

TIME	INTAKE BY MOUTH NG Amount ml.	Type	INTRAVENOUS OR OTHER ROUTES Amount ml.	Type	Add.	OUTPUT Urine ml.	Faeces	Vomit ml.	Gast. Asp. ml.	Drain ml.	REMARKS
0800				10							
0900				20		60					
1000				30							
1100				35							
00											
00	Juice	Sonlo				30		Small			
400											
150											
16											
17											
1800											
1900						35ml					Cath specimen
2000			NG feed	TPN							
21000			21	165							
2200			40	215							
2300			60	265		60					
2400			80	315							
00			95	360							
00			110	407							
0300			130	457							
0400			150	500							
0500			172	555				small			
0600			192	600							
0700			208	655		350		small			TPN + 3 bowls

051-017m-062

DATE:- INTAKE 686 kcals. AS - ROYAL Name .....

TOTAL	By Mouth	Intravenous or Other Routes	Urine	Faeces	Vomit	Gast. Asp.	Drain
Day Total	132 ML	31 ML	680 ML	ML	X 3 ML	ML	ML
Night Total	208 ML	655 ML	ML	ML	ML	ML	ML
Total for 24 hours	340 ML	686 ML	ML	ML	ML	ML	ML

TOTAL INTAKE TOTAL OUTPUT 680 (+)

INTRAVENOUS FLUID CHART

DATE: .....

Bottle Pack No.	AMOUNT	TYPE of FLUID (Block Letters)	NAME AND AMOUNT of ADDITIVE (Block Letters)	TIME TO BE COMMENCED	No. DROPS/MIN.	TIME TO BE COMPLETED	PRESCRIBED BY (SIGNATURE)	ERECTED BY (SIGNATURE)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								