

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 6-3-92

Weight.....Kg

Name

D.O.B.

Hosp. No.

Adam
Strain

4-8-91

364377

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	Level	Amount	Level	Amount	Fluid	Amount				
08.00		20					80			
10.00										
12.00		64								
14.00										
16.00							130			
18.00										
20.00										
21.00						(360)	60	N/Ful		
23.00		213		232				N/Ful x 2		
01.00		357		257				N/Ful x 3		
02.00		396		278						
03.00										
04.00										
05.00		470		346						
06.00										
07.00		512		386			190		2 mod	
Total Intake		534			Total Output			No. of Vomits	No. of Stools	
Intravenous.....ml			Oral.....ml		Urine		Aspir ⁿ			
					510			3		x2

24 - Hour INTAKE

.....ml

24 - Hour OUTPUT

.....ml

051-0170-066

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		Prescribed by	ERECTED BY
					Start	Finish		
1								
2								
3								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

<u>TOTAL VOL.</u> Per.....Hrs.mls.mls/kg		<u>TOTAL ENERGY</u>kcal kcal/kg			
<u>PROTEIN</u>	<u>DEXTROSE</u>	Conc.	<u>FAT</u>	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.	

051-0170-067