

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN  
Fluid Balance and I.V. Prescription Sheet

Date 7.3.92

Weight.....Kg

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

| TIME<br>(hr)     | INTAKE      |        |                  |                |              | OUTPUT             |                         |               |               |
|------------------|-------------|--------|------------------|----------------|--------------|--------------------|-------------------------|---------------|---------------|
|                  | INTRAVENOUS |        |                  | ORAL           |              | Urine              | Aspirate<br>or<br>Vomit | Stool         | Comment       |
|                  | 1<br>Level  | Amount | 2<br>Level       | Amount         | Fluid        |                    |                         |               |               |
| 08.00            |             | 22     | <del>20</del> 20 |                |              |                    |                         |               |               |
| 09.00            |             |        |                  |                |              | 300                |                         |               | 5-SAMPLE      |
| 10.00            |             |        |                  | 54             |              | 50                 |                         |               | 3000          |
| 11.00            |             |        |                  |                |              |                    |                         |               | GLUCOSE       |
| 12.00            |             |        |                  |                |              |                    |                         |               |               |
| 13.00            |             |        |                  |                |              |                    |                         |               |               |
| 14.00            |             |        |                  |                |              |                    |                         |               |               |
| 15.00            |             |        |                  |                | Speed        | 50ml               |                         |               |               |
| 16.00            |             |        |                  |                |              |                    |                         |               |               |
| 17.00            |             |        |                  | 128ml          |              |                    |                         |               |               |
| 18.00            |             |        |                  | intake at home |              | 200 urine at home. |                         |               |               |
| 19.00            |             |        |                  |                |              |                    |                         |               |               |
| 20.00            |             |        |                  |                |              |                    |                         |               |               |
| 21.00            |             |        |                  |                |              |                    |                         |               |               |
| 22.00            |             | 71     |                  | 36             |              |                    |                         |               |               |
| 23.00            |             |        |                  | 89             |              |                    |                         |               |               |
| 01.00            |             | 175    |                  |                |              | 120                |                         |               |               |
| 02.00            |             |        |                  |                |              |                    |                         |               |               |
| 03.00            |             | 266    |                  | 134            |              |                    |                         |               |               |
| 04.00            |             | 311    |                  | 156            |              |                    |                         |               |               |
| 05.00            |             |        |                  |                |              |                    |                         |               |               |
| 06.00            |             | 392    |                  | 196            |              |                    |                         |               |               |
| 07.00            |             | 435    |                  | 200            |              | 130                | Small                   |               |               |
| Total Intake     |             |        |                  |                | Total Output |                    |                         |               |               |
| Intravenous..... |             | 457    | Oral.....        |                | 378          | Urine              | Aspir <sup>n</sup>      | No. of Vomits | No. of Stools |
|                  |             |        |                  |                |              | 530                | x2                      |               |               |

24 - Hour INTAKE

835

24 - Hour OUTPUT

051-017p-068

Name..... Date...../...../..... H5sp. No..... Wt.....Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

|   | AMOUNT<br>(mls) | TYPE OF FLUID | NAME and<br>AMOUNT of<br>ADDITIVES | RATE<br>mls/hr | TIME  |        | Prescribed<br>by | ERECTED<br>BY |
|---|-----------------|---------------|------------------------------------|----------------|-------|--------|------------------|---------------|
|   |                 |               |                                    |                | Start | Finish |                  |               |
| 1 |                 |               |                                    |                |       |        |                  |               |
| 2 |                 |               |                                    |                |       |        |                  |               |
| 3 |                 |               |                                    |                |       |        |                  |               |
| 4 |                 |               |                                    |                |       |        |                  |               |
| 5 |                 |               |                                    |                |       |        |                  |               |
|   |                 |               |                                    |                |       |        |                  |               |
|   |                 |               |                                    |                |       |        |                  |               |

PARENTERAL NUTRITION PRESCRIPTION CHART

|                                                           |       |                                                   |       |            |       |
|-----------------------------------------------------------|-------|---------------------------------------------------|-------|------------|-------|
| <u>TOTAL VOL.</u><br>Per.....Hrs. ....mls.<br>.....mls/kg |       | <u>TOTAL ENERGY</u><br>.....kcal<br>..... 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<br>Additives |
| Fat (grams)         | NaCl mmols       | Na Lactate mmols   | K + mmols               |                    |
| Cl- mmols           | Ca + + mmols     | Mg + + mmols       | PO <sub>4</sub> = mmols |                    |
| Addamel (mls)       | Solvito (mls)    | Vitlipid (mls)     | Critical Ag. Conc.      |                    |

051-017p-069