ROYAL BELFAST HOSPITAL FOR SICK CHILDREN — FLUID BALANCE

Name: Adam Strain Hosp. No. Date: 28-12- D.O.B.

TIME	INPUT – INTRAVENOUS: Morphine		6% glucose		TPN		ORAL	OUTPUT – ASP./VOMIT Amt.	Total	URINE Amt.	Total	STOOL TOTAL (LF ref.)		DRAIN (RF ref.)		COMMENTS
09.00	9.5	1.5ml	40	20.	25	15.				Suprapubic						c/c
10.00																
11.00	6	5ml	50	50	30	40.						~~[illegible]~~				✓ J Gould ✓
12.00	4.5	6.5	30	70	30	70	11.30 Clear Fluids Refused	15mls	15	10mls.		74	74	32	32	
13.00	3.5	7.5	20	80	55	86 (73)										✓ Allen
14.00	3	8.0	40	100	100	108		1	16							✓✓ F Clements
15.00 (14.30)	2	9	40	118	78	130	Clear Fluids Refused									✓✓ F Clements
16.00	2	10	33	125	70	138						60	134	18	50	(Mouth care) T. McClenahan
17.00			40	139 (117)	50	158										✓✓ F Clements
18.00			50	156	30	178										✓✓ F Clements
19.00			50	171	20 / 100	Changed 188			large bile vomit			54	188	15	65	mouth care ✓✓ F Clements
20.00			27	194	72	216										

Intravenous Total	
Oral Total	
DAY TOTAL INTAKE	

Intravenous Total	
DAY TOTAL OUTPUT	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

FLUID BALANCE

Name: Adam Strain Hospital No. 364377 Date: 23.12.91 D.O.B.

TIME	INPUT – INTRAVENOUS: 5% Dex		TPN		MORPHINE		ORAL	OUTPUT – ASP./VOMIT Amt.	Total	URINE (Suprapubic) Amt.	Total	STOOL TOTAL	DRAIN	COMMENTS (CL F…)
21.00	20	7	60	12				5ml	Large Green vomit	4	4			✓
22.00	100	22	40	32						NIL				✓
23.00	85	37	20	52										✓
24.00	70	52	150	72	46	—			Med green vomit			Slight B/O		✓
01.00	55	67	130	92	46	—		3ml	Med green vomit					✓
02.00	40	82	110	112	45	1		NIL	Small green vomit	3	7			✓
03.00	25	97	90	132	44	2								✓
04.00	10	107	70	152	43	3			Medium green					✓
05.00	160	117	50	172	42	4		6mls	vomit ×2	NIL	7			✓
06.00	135	132	30	192	41	5		10mls	×1	NIL	7.	BNO		✓
07.00	120	147	100	214	40	6								
08.00														

Intravenous Total	
Oral Total	
NIGHT TOTAL INTAKE	

NIGHT TOTAL OUTPUT	

AS - ROYAL

051-019-078

AS - ROYAL

051-019-078

Weight.....

INTRAVENOUS FLUID PRESCRIPTION SHEET

mls/kg.....

	Amount ml	Type of Fluid	Name and Amount of Additives	Rate ml/hr	Time Start	Time Finish	Prescribed by (Signature)	Erected by
1	50mls	Dextrose 5%	3.5 mg morphine	1-2 mls				
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

NUTRITION PRESCRIPTION

ENTERAL FEEDS				
Type	Vol.	Freq.	Total	Cals.

Day of regime.....

PARENTERAL NUTRITION

SOLUTION	%	VOL	CALS	N_G	CHO_G	FAT_G	Na	K	Ca	Mg	PO_4	VITAMINS	TRACE ELEMENTS	OTHER ADDITIVES	ENERGY CAL/ml	N/CAL RATIO
TOTAL INFUSED																
TOTAL per kg																

24 HR. INTAKE

FLUID		
BLOOD		
PLASMA		
	INTRAVENOUS	
	ORAL	
	TOTAL	

24 HR. OUTPUT

URINE	
ASPIRATION	
DRAINAGE	
TOTAL	

AS - ROYAL

051-019-079