PATIENTS NAME..Adam Strain.. H. PITAL NO°....364377.....

PATIENTS WEIGHT.....7.3.....

NO° OF BAGS REQUIRED....2.....

DATE OF BIRTH....4-8-91.....

ORDERED BY.....Sc.....

WARD....Musgrave 18.....

FOR ADMINISTRATION ON....18/12/91.....

DATE 17/12/91.. CENTRAL PERIPHERAL LINE

ICK EQUIRED BAG TYPE

NON STANDARD BAG	STANDARD	STANDARD ICU
SPECIFY REQUIRMENTS	CENTRAL/PERIPHERAL	CENTRAL ONLY
INO ACID: S17 ✓ 100 ml	SYN 9 40ml/kg	SYN 17 20ml/kg
TRALIPID 20% 70 ml	20ml/kg	20ml/kg
EXTROSE 25% 500 ml	120ml/kg	80ml/kg
ELECTROLYTES		
IUM 21 mmol	3.0mmol/kg	3.0mmol/kg
ASSIUM 14 mmol	2.4mmol/kg	2.0mmol/kg
SPHATE 7 mmol	1.2mmol/kg	1.0mmol/kg
GNESIUM 7 mmol	0.2mmol/kg	0.2mmol/kg
CIUM 3.75 mmol	0.75mmol/kg	0.75mmol/kg
V.I. PAED 5 ml	0-0.999kg 1-3kg 1.5ml 3.25ml	over 3kg 5ml
DITRACE ml		
NC (55.5umol/ml) ml		
DIUM LACTATE mmol		
A.C.		

051-020-084

AS - ROYAL

ml/kg/hr.

2.38 N ≡ 14G Pastic

1.68 ≡ 10-5

ROYAL VICTORIA HOSPITAL BELFAST

--- DUPLICATE LABEL ---

Parenteral Nutrition Solution

Patient Id: 364377 Bag Id: 0013
Name: ADAM STRAIN
Loc: MUSGRAVE Billing Code: 706
Physician: DR MAGILL Order Number: 0117109
Order Volume: 689 ml

SYNTHAMIN
SYNTHAMIN 17 - 100 ml
INTRALIPID 20% - 70 ml
DEXTROSE 25% - 500 ml

--Additives-- -Dose-
M.V.I. PAED 5.00 ml

** Approximate Electrolyte Totals **

Na+	21.00 mmol	Cl-	32.51 mmol
K+	14.00 mmol	PO4--	7.00 mmol
Ca++	3.75 mmol		
Mg++	0.70 mmol		

SYNTHAMIN
INTRALIP
DEX

Nitrogen Content	1.6 gm	Protein Calories	42 Kcal
Non-Protein Calories	640 Kcal	Dextrose Calories	500 Kcal
Total Calories	682 Kcal	Lipid Calories	140 Kcal

Total

Prep. By:_____ Date 17/12/91 Time 14:01:08
Do Not Use After 20:01 on 20/12/91
Delivery Time To Patient: 18/12/91

Sc.

(Solution contains 100 ml overfill)

INFUSE THROUGH CENTRAL VEIN * STORE IN FRIDGE *

ORDER FORM FOR TOTAL PARENTERAL [illegible]ION SOLUTIONS (R.B.H.S.C.)

PATIENTS NAME: Adam Strain — HOSPITAL NO: 364[illegible] — WARD: Musgrave

PATIENTS WEIGHT: ..... — DATE OF BIRTH: [illegible] — FOR ADMINISTRATION ON: 10/12/91 →

NO° OF BAGS REQUIRED: ..... — ORDERED BY: [illegible] — DATE: 10/12/91 ... CENTRAL / PERIPHERAL L

TICK EQUIRED BAG TYPE

NON STANDARD BAG			STANDARD		kg	STANDARD ICU		Cal per ml.
SPECIFY REQUIRMENTS			CENTRAL/PERIPHERAL			CENTRAL ONLY		
AMINO ACID: S17	140	ml	SYN 9	40ml/kg		SYN 17	20ml/kg	
INTRALIPID 20%	70	ml		20ml/kg			20ml/kg	
DEXTROSE 30.0%	300	ml		120ml/kg			80ml/kg	
ELECTROLYTES								
SODIUM	21	mmol		3.0mmol/kg			3.0mmol/kg	
POTASSIUM	14	mmol		2.4mmol/kg			2.0mmol/kg	
PHOSPHATE	7	mmol		1.2mmol/kg			1.0mmol/kg	
MAGNESIUM	7	mmol		0.2mmol/kg			0.2mmol/kg	
CALCIUM	3.75	mmol		0.75mmol/kg			0.75mmol/kg	
M.V.I. PAED	5	ml	0-0.999kg	1-3kg	over 3kg			
			1.5ml	3.25ml	5ml			
ADDITRACE		ml						
ZINC (55.5umol/ml)		ml						
SODIUM LACTATE		mmol						
C.A.C.								

AS - ROYAL

051-020-085

ROYAL VICTORIA HOSPITAL BELFAST
10/12/91

--- DUPLICATE LABEL ---

Parenteral Nutrition Solution

Patient Id: 364377 Bag Id: 0008
Name: ADAM STRAIN
Loc: MUSGRAVE Billing Code: 706
Physician: DR MAGILL Order Number: 04121291
Bag Volume: 526 ml

[illegible]AMIN 17	-	140 ml
INTRALIPID 20%	-	70 ml
DEXTROSE 30%	-	300 ml

--Additives-- -Dose-
M.V.I. PAED 5.00 ml

** Approximate Electrolyte Totals **

Na+	21.00 mmol	Cl-	31.31 mmol
K+	14.00 mmol	PO4--	7.00 mmol
Ca++	3.75 mmol		
[illegible]AMIN	0.70 mmol		
INTRALIPID 20%			
DEXTROSE 30%			

Nitrogen Content	2.3 gm	Protein Calories	59 Kcal
Non-Protein Calories	500 Kcal	Dextrose Calories	360 Kcal
Total Calories	559 Kcal	Lipid Calories	140 Kcal

Prep. By: _____ Date 12/12/91 Time 11:38:16
Do Not Use After 17:38 on 15/12/91
Delivery Time To Patient: 13/12/91

(Solution contains 100 ml overfill)

[illegible]E THROUGH CENTRAL VEIN * STORE IN FRIDGE *

ORDER FORM FOR TOTAL PARENTERAL [illegible]TION SOLUTIONS (R.U.H.S.C.)

PATIENTS NAME Adam Strain ..... HOSPITAL NO° 364[illegible] ..... WARD ..... Musgrave .....

PATIENTS WEIGHT ..... DATE OF BIRTH [illegible] ..... FOR ADMINISTRATION ON. 10/12/91 →

NO° OF BAGS REQUIRED ..... ORDERED BY ..... DATE 10/12/91 .... CENTRAL / PERIPHERAL L

TICK EQUIRED BAG TYPE

NON STANDARD BAG			STANDARD	Kg	STANDARD ICU	Gal per ml.
SPECIFY REQUIRMENTS			CENTRAL/PERIPHERAL		CENTRAL ONLY	
AMINO ACID: S17	140	ml	SYN 9	40ml/kg	SYN 17	20ml/
INTRALIPID 20%	70	ml		20ml/kg		20ml/
DEXTROSE 30.%	300	ml		120ml/kg		80ml/
ELECTROLYTES						
SODIUM	21	mmol		3.0mmol/kg		3.0mmol/
POTASSIUM	14	mmol		2.4mmol/kg		2.0mmol
PHOSPHATE	7.	mmol		1.2mmol/kg		1.0mmol
MAGNESIUM	.7	mmol		0.2mmol/kg		0.2mmol/
CALCIUM	3.75	mmol		0.75mmol/kg		0.75mmol/
M.V.I. PAED	5-	ml	0-0.999kg 1.5ml	1-3kg 3.25ml	over 5m	
ADDITRACE		ml				
ZINC (55.5umol/ml)		ml				
SODIUM LACTATE		mmol				
C.A.C.						

AS - ROYAL

05102091

[illegible]AL VICTORIA HOSPITAL BELFAST

--- DUPLICATE LABEL ---

Parenteral Nutrition Solution

Patient Id: 364377 Bag Id: 0008
Name: ADAM STRAIN
Loc: MUSGRAVE Billing Code: 706
Physician: DR MAGILL Order Number: 05101291
Bag Volume: 526 ml

[illegible]AMIN 17	-	140 ml
INTRALIPID 20%	-	70 ml
DEXTROSE 30%	-	300 ml

--Additives--	-Dose-
M.V.I. PAED	5.00 ml

** Approximate Electrolyte Totals **

Na+	21.00 mmol	Cl-	31.31 mmol
K+	14.00 mmol	PO4--	7.00 mmol
Ca++	3.75 mmol		
Mg++	0.70 mmol		

Nitrogen Content	2.3 gm	Protein Calories	59 Kcal
Non-Protein Calories	500 Kcal	Dextrose Calories	360 Kcal
Total Calories	559 Kcal	Lipid Calories	140 Kcal

Prep. By: _____ Date 10/12/91 Time 11:38:29
Do Not Use After 17:38 on 13/12/91
Delivery Time To Patient: 11/12/91

(Solution contains 100 ml overfill)

[illegible]ROUGH CENTRAL VEIN * STORE IN FRIDGE *

ORDER FORM FOR TOTAL PARENTERAL NUTRITION SOLUTIONS (R.B.H.S.C.)

PATIENTS NAME Adam Strain HOSPITAL NO° 364377 WARD Musgrave

PATIENTS WEIGHT..... DATE OF BIRTH 4.8.91 FOR ADMINISTRATION ON 10/12/91 →

NO° OF BAGS REQUIRED..... ORDERED BY Dr DATE 10/12/91 CENTRAL / PERIPHERAL L

TICK EQUIRED BAG TYPE

NON STANDARD BAG			STANDARD	Kg	STANDARD ICU	Kg
SPECIFY REQUIRMENTS			CENTRAL/PERIPHERAL		CENTRAL ONLY	
AMINO ACID: S17	140	ml	SYN 9	40ml/kg	SYN 17	20ml/kg
INTRALIPID 20%	70	ml		20ml/kg		20ml/kg
DEXTROSE 30%	300	ml		120ml/kg		80ml/kg
ELECTROLYTES						
SODIUM	21	mmol		3.0mmol/kg		3.0mmol/kg
POTASSIUM	14	mmol		2.4mmol/kg		2.0mmol/kg
PHOSPHATE	7	mmol		1.2mmol/kg		1.0mmol/kg
MAGNESIUM	1.7	mmol		0.2mmol/kg		0.2mmol/kg
CALCIUM	3.75	mmol		0.75mmol/kg		0.75mmol/kg
M.V.I. PAED	5-	ml	0-0.999kg	1-3kg		over 3kg
			1.5ml	3.25ml		5ml
ADDITRACE		ml				
ZINC (55.5umol/ml)		ml				
SODIUM LACTATE		mmol				
C.A.C.						
____						

AS - ROYAL

Cal per ml.

ROYAL VICTORIA HOSPITAL BELFAST

--- DUPLICATE LABEL ---

Parenteral Nutrition Solution

Patient Id: 364377 Bag Id: 0009
Name: ADAM STRAIN
Loc: MUSGRAVE Billing Code: 706
Physician: DR MAGILL Order Number: 02131291
Order Volume: 526 ml

SYNTHAMIN 17 - 140 ml
INTRALIPID 20% - 70 ml
DEXTROSE 30% - 300 ml

--Additives-- -Dose-
M.V.I. PAED 5.00 ml

** Approximate Electrolyte Totals **

Na+	21.00 mmol	Cl-	31.31 mmol
K+	14.00 mmol	PO4--	7.00 mmol
Ca++	3.75 mmol		
Mg++	0.70 mmol		

Nitrogen Content	2.3 gm	Protein Calories	59 Kcal
Non-Protein Calories	500 Kcal	Dextrose Calories	360 Kcal
Total Calories	559 Kcal	Lipid Calories	140 Kcal

Prep. By:_____ Date 13/12/91 Time 10:16:
Do Not Use After 16:16 on 16/12/91
Delivery Time To Patient: 14/12/91

INFUSE THROUGH CENTRAL VEIN * STORE IN FRIDGE *

(Solution contains 100 ml overfi

(Solution contains 100 ml overf

051-0220-087

PATIENTS NAME: Adam Strain

PATIENTS WEIGHT: 7.02

NO° OF BAGS REQUIRED: 1

HOSPITAL NO°: 364377

DATE OF BIRTH: 4.8.91

ORDERED BY: [illegible]

WARD: Musgrave

FOR ADMINISTRATION ON: 5/12/91

DATE: 4/12/91 (CENTRAL) PERIPHERAL LINE

TICK EQUIRED BAG TYPE

NON STANDARD BAG		STANDARD	STANDARD ICU
SPECIFY REQUIRMENTS		CENTRAL/PERIPHERAL	CENTRAL ONLY
AMINO ACID: S 17	140 ml	SYN 9 40ml/kg	SYN 17 20ml/kg
INTRALIPID 20%	70 ml	20ml/kg	20ml/kg
DEXTROSE 30.%	300 ml	120ml/kg	80ml/kg
ELECTROLYTES			
SODIUM	21 mmol	3.0mmol/kg	3.0mmol/kg
POTASSIUM	14 mmol	2.4mmol/kg	2.0mmol/kg
PHOSPHATE	7 mmol	1.2mmol/kg	1.0mmol/kg
MAGNESIUM	3.7 mmol	0.2mmol/kg	0.2mmol/kg
CALCIUM	3.75 mmol	0.75mmol/kg	0.75mmol/kg
M.V.I. PAED	5 ml	0-0.999kg 1.5ml / 1-3kg 3.25ml	over 3kg 5ml
ADDITRACE	ml		
ZINC (55.5umol/ml)	ml		
SODIUM LACTATE	mmol		
N.A.C.			

AS - ROYAL

051-020-088

KG

ROYAL VICTORIA HOSPITAL BELFAST
ROYAL VICTORIA HOSPITAL --- DUPLICATE LABEL ---
04/12/91

Parenteral Nutrition Solution

Patient Id: 364377 Bag Id: 0004
Name: ADAM STRAIN
Ward: ICU Billing Code: 706
Physician: Order Number: 01041291
Order Volume: 526 ml

SYNTHAMIN 17 - 140 ml
INTRALIPID 20% - 70 ml
DEXTROSE 30% - 300 ml

--Additives-- -Dose-
M.V.I. PAED 5.00 ml

** Approximate Electrolyte Totals **

Na+	21.00 mmol	Cl-	31.31 mmol
K+	14.00 mmol	PO4--	7.00 mmol
Ca++	3.75 mmol		
Mg++	0.70 mmol		

SYNTHAMIN 17
INTRALIPID 20%
DEXTROSE 30%

Nitrogen Content	2.3 gm	Protein Calories	59 Kcal
Protein Calories	500 Kcal	Dextrose Calories	360 Kcal
Total Calories	559 Kcal	Lipid Calories	140 Kcal

Total Cost:
Made By: Date 04/12/91 Time 11:44:08
Do Not Use After 17:44 on 07/12/91
Delivery Time To Patient: 5/12/91

(Solution contains 100 ml overfill)
THROUGH CENTRAL VEIN * STORE IN FRIDGE *
(Solution contains 100 ml overfill)

ORDER FORM FOR TOTAL PARENTERAL NUTRITION SOLUTIONS (ADULT)

PATIENTS NAME..Adam Strain.. HOSPITAL NO°..364377.. WARD..Musgrave..

PATIENTS WEIGHT..7.. DATE OF BIRTH..4.8.91.. FOR ADMINISTRATION ON..16.12.91.

NO° OF BAGS REQUIRED..2.. ORDERED BY..[illegible] DATE..16/12/91 (CENTRAL) PERIPHERAL LINE

REQUIRED BAG TYPE

NON STANDARD BAG		STANDARD	STANDARD ICU
SPECIFY REQUIRMENTS		CENTRAL/PERIPHERAL	CENTRAL ONLY
D ACID: S17	140 ml	SYN 9 40ml/kg	SYN 17 20ml/kg
RALIPID 20%	70. ml	20ml/kg	20ml/kg
ERose 25%	500 ml	120ml/kg	80ml/kg
ELECTROLYTES			
UM	21 mmol	3.0mmol/kg	3.0mmol/kg
SSIUM	14 mmol	2.4mmol/kg	2.0mmol/kg
SPHATE	7 mmol	1.2mmol/kg	1.0mmol/kg
NESIUM	1 mmol	0.2mmol/kg	0.2mmol/kg
CIUM	3.75 mmol	0.75mmol/kg	0.75mmol/kg
I. PAED	5 ml	0-0.999kg 1.5ml / 1-3kg 3.25ml	over 3kg 5ml
TRACE	ml		
(55.5umol/ml)	ml		
UM LACTATE	mmol		
C.			

051-020-089

AS - ROYAL

BELFAST
VICTORIA HOSPITAL --- DUPLICATE LABEL ---
16/12/91

Parenteral Nutrition Solution

Patient Id: 364377 Bag Id: 0010
Patient Name: ADAM STRAIN Billing Code: 706
Ward: MUSGRAVE Order Number: 01161291
Physician: DR MAGILL
Order Volume: 727 ml

SYNTHAMIN 17 - 140 ml
SYNTHAMIN 17 - 70 ml
INTRALIPID 20% - 500 ml
DEXTROSE 25%

Additives-- -Dose-
PAED 5.00 ml

Approximate Electrolyte Totals **

Na+	21.00 mmol	Cl-	31.31 mmol
K+	14.00 mmol	PO4--	7.00 mmol
Ca++	3.75 mmol		
Mg++	1.00 mmol		

Base Components
SYNTHAMIN 17
Nitrogen Content 2.3 gm
Protein Calories 640 Kcal
Total Calories 699 Kcal

Protein Calories 59 Kcal
Dextrose Calories 500 Kcal
Lipid Calories 140 Kcal

Prep! Sent: Date 16/12/91 Time 13:10:09
Prepd By
Do Not Use After 19:10 on 19/12/91
Delivery Time To Patient: 17/12/91

(Solution contains 100 ml overfill)

INFUSE THROUGH CENTRAL VEIN * STORE IN FRIDGE *

(Solution contains 100 ml overfill)

ORDER FORM FOR TOTAL PARENTERAL NUTRITION SOLUTIONS (R.B.H.S.C.)

PATIENTS NAME..Adam Strain..... HOSPITAL NO°..364377..... WARD.....ICU (? Musgrave)

PATIENTS WEIGHT.....7kg..... DATE OF BIRTH...4.8.91..... FOR ADMINISTRATION ON..3/12/92...

NO° OF BAGS REQUIRED....2..... ORDERED BY.....9..... DATE 3/12/92 CENTRAL/PERIPHERAL

TICK EQUIRED BAG TYPE

NON STANDARD BAG		STANDARD	kg	STANDARD ICU	184 Cal per ml.
SPECIFY REQUIRMENTS		CENTRAL/PERIPHERAL		CENTRAL ONLY	
AMINO ACID: S17	200 ml	SYN 9	40ml/kg	SYN 17	20ml/kg
INTRALIPID 20%	70 ml		20ml/kg		20ml/kg
DEXTROSE 25%	700 ml		120ml/kg		80ml/kg
ELECTROLYTES					
SODIUM	21 mmol		3.0mmol/kg		3.0mmol/
POTASSIUM	14 mmol		2.4mmol/kg		2.0mmol/
PHOSPHATE	7 mmol		1.2mmol/kg		1.0mmol/
MAGNESIUM	1½ mmol		0.2mmol/kg		0.2mmol/
CALCIUM	5 mmol		0.75mmol/kg		0.75mmol
M.V.I. PAED	5 ml	0-0.999kg 1.5ml	1-3kg 3.25ml		over 5ml
ADDITRACE	ml				
ZINC (55.5umol/ml)	ml				
SODIUM LACTATE	mmol				
C.A.C.	606.				

051-020-090

AS - ROYAL

ROYAL VICTORIA HOSPITAL BELFAST

03/12/91 --- DUPLICATE LABEL ---

Parenteral Nutrition Solution

Patient Id: 364377 Bag Id: 0003

Name: ADAM STRAIN

Ward: ICU Billing Code: 707

Order Number: 03031291

Total Volume: 984 ml

AMINO 17 - 200 ml

INTRALIPID 20% - 70 ml

DEXTROSE 25% - 700 ml

STERILE WATER - 0 ml

Additives-- -Dose-

MVI PAED 5.00 ml

** Estimate Electrolyte Totals **

Na+ 21.00 mmol Cl- 32.01 mmol

K+ 14.00 mmol PO4-- 7.00 mmol

Ca++ 5.00 mmol

MAGNESIUM 1.00 mmol

Amino Content 3.3 gm

Amino Calories 840 Kcal

Total Calories 924 Kcal

Protein Calories 84 Kcal

Dextrose Calories 700 Kcal

Lipid Calories 140 Kcal

Made By: Date 03/12/91 Time 13:04:56

Do Not Use After 19:04 on 06/12/91

Every Time To Patient: 03/12/91

(Solution contains 100 ml overfill)

THROUGH CENTRAL VEIN * STORE IN FRIDGE *

ORDER FORM FOR TOTAL PARENTERAL NUTRITION

PATIENTS NAME Alan Mann

HOSPITAL NO° 3643

WARD Mulgrave

PATIENTS WEIGHT 7.02

DATE OF BIRTH 4.8

FOR ADMINISTRATION ON 5/12/91

NO° OF BAGS REQUIRED 1

ORDERED BY

DATE 4/12/91 (CENTRAL) PERIPHERAL LINE

TICK REQUIRED BAG TYPE

NON STANDARD BAG	STANDARD	STANDARD ICU
SPECIFY REQUIRMENTS	CENTRAL/PERIPHERAL	CENTRAL ONLY
AMINO ACID: S 17. 140 ml	SYN 9 40ml/kg	SYN 17 20ml/kg
INTRALIPID 20% 70 ml	20ml/kg	20ml/kg
DEXTROSE 30.0% 300 ml	120ml/kg	80ml/kg
ELECTROLYTES		
SODIUM 21 mmol	3.0mmol/kg	3.0mmol/kg
POTASSIUM 14 mmol	2.4mmol/kg	2.0mmol/kg
PHOSPHATE 7 mmol	1.2mmol/kg	1.0mmol/kg
MAGNESIUM .7 mmol	0.2mmol/kg	0.2mmol/kg
CALCIUM 3.75 mmol	0.75mmol/kg	0.75mmol/kg
M.V.I. PAED 5 ml	0-0.999kg 1.5ml / 1-3kg 3.25ml	over 5ml
MODITRACE ml		
ZINC (55.5umol/ml) ml		
SODIUM LACTATE mmol		
C.A.C.		

AS - ROYAL

051-020-091

BELFAST HOSPITAL

--- DUPLICATE LABEL ---

Parenteral Nutrition Solution

Id: 364377 Bag Id: 0006

M STRAIN

RAVE Billing Code: 706

: DR MAGILL Order Number: 04061291

ume: 526 ml

17 - 140 ml

D 20% - 70 ml

30% - 300 ml

ives-- -Dose-

PAED 5.00 ml

timate Electrolyte Totals **

00 mmol Cl- 31.31 mmol

.00 mmol PO4-- 7.00 mmol

.75 mmol

.70 mmol

2.3 gm

500 Kcal

55 Kcal

Protein Calories 59 Kcal
Dextrose Calories 360 Kcal
Lipid Calories 140 Kcal

Date 06/12/91 Time 10:35:48

After 16:35 on 09/12/91

To Patient: 07/12/91

(Solution contains 100 ml overfill)

THROUGH CENTRAL VEIN * STORE IN FRIDGE *

ORDER FORM FOR TOTAL PARENTERAL NUTRITION SOLUTIONS (R.B.H.S.C.)

PATIENTS NAME Alan Strain HOSPITAL NO° 364377 WARD Musgrave

PATIENTS WEIGHT 7.6 DATE OF BIRTH 4/8/91 FOR ADMINISTRATION ON 23/24/12/91

NO° OF BAGS REQUIRED 2 ORDERED BY [signature] DATE 23/12/91 CENTRAL/PERIPHERAL LI

TICK EQUIRED BAG TYPE

NON STANDARD BAG			STANDARD	Kg	STANDARD ICU	Kg
SPECIFY REQUIRMENTS			CENTRAL/PERIPHERAL		CENTRAL ONLY	
AMINO ACID:	17 100	ml	SYN 9 40ml/kg		SYN 17 20ml/kg	
INTRALIPID 20%	70	ml	20ml/kg		20ml/kg	
DEXTROSE 25 %	500	ml	120ml/kg		80ml/kg	
ELECTROLYTES						
SODIUM	21	mmol	3.0mmol/kg		3.0mmol/kg	
POTASSIUM	14	mmol	2.4mmol/kg		2.0mmol/kg	
PHOSPHATE	7	mmol	1.2mmol/kg		1.0mmol/kg	
MAGNESIUM	7	mmol	0.2mmol/kg		0.2mmol/kg	
CALCIUM	3.75	mmol	0.75mmol/kg		0.75mmol/kg	
M.V.I. PAED	5	ml	0-0.999kg 1.5ml	1-3kg 3.25ml	over 3kg 5ml	
ITRACE		ml				
(55.5umol/ml)		ml				
UM LACTATE		mmol				
C.						

051-020-092 AS - ROYAL

Cal per ml.

ROYAL VICTORIA HOSPITAL BELFAST
23/12/91

--- DUPLICATE LABEL ---

Parenteral Nutrition Solution

Patient Id: 364377 Bag Id: 0018

[redacted] ADAM STRAIN
[redacted] MUSGRAVE
[redacted] Doctor: DR MAGILL Billing Code:
[redacted] Volume: 689 ml Order Number: 03231291

[redacted]MIN 17 - 100 ml
[redacted]LIPID 20% - 70 ml
DEXTROSE 25% - 500 ml

[redacted]ives-- -Dose-
[redacted] PAED 5.00 ml
[redacted] CHLOR. 1%

** Approximate Electrolyte Totals **
[redacted] 20.85 mmol Cl- 32.36 mmol
[redacted] CHLORIDE 14.000 mmol PO4-- 7.00 mmol
[redacted] 3.75 mmol
[redacted] Co 0.70 mmol
[redacted]RAMIN 17
[redacted]LIPID 20%
DEXTROSE 25%
[redacted] Nitrogen Content 1.6 gm
[redacted] Protein Calories 640 Kcal
Total Calories 682 Kcal

Protein Calories 42 Kcal
Dextrose Calories 500 Kcal
Lipid Calories 140 Kcal

Total Cost: [redacted]

Prep. By: _____ Date 23/12/91 Time 13:38:58

Do Not Use After 19:38 on 26/12/91

Delivery Time To Patient: 24/12/91

(Solution contains 100 ml overfill)

[redacted] THROUGH CENTRAL VEIN * STORE IN FRIDGE *

ORDER FORM FOR TOTAL PARENTERAL NUTRITION SOLUTIONS (R.B.H.S.C.)

PATIENTS NAME Adam Strain

HOSPITAL NO° 364377

WARD Musgrave

PATIENTS WEIGHT 7.6

DATE OF BIRTH 4-8-91

FOR ADMINISTRATION ON 25/12/91

NO° OF BAGS REQUIRED 2

ORDERED BY Ga

DATE 24/12/91. (CENTRAL)/PERIPHERAL LINE

REQUIRED BAG TYPE

NON STANDARD BAG	STANDARD	Kg	STANDARD ICU	Kg.
SPECIFY REQUIRMENTS	CENTRAL/PERIPHERAL		CENTRAL ONLY	
AMINO ACID: S.17 100 ml	SYN 9 40ml/kg		SYN 17 20ml/kg	
INTRALIPID 20% 70 ml	20ml/kg		20ml/kg	
DEXTROSE 25% 500 ml	120ml/kg		80ml/kg	
ELECTROLYTES				
SODIUM 21 mmol	3.0mmol/kg		3.0mmol/kg	
POTASSIUM 14 mmol	2.4mmol/kg		2.0mmol/kg	
PHOSPHATE 7 mmol	1.2mmol/kg		1.0mmol/kg	
MAGNESIUM 1.7 mmol	0.2mmol/kg		0.2mmol/kg	
CALCIUM 3.75 mmol	0.75mmol/kg		0.75mmol/kg	
M.V.I. PAED 5. ml	0-0.999kg 1.5ml	1-3kg 3.25ml	over 3kg 5ml	
ADDITRACE ml				
ZINC (55.5umol/ml) ml				
SODIUM LACTATE mmol				
K.C.				

AS - ROYAL

051-020-093

Cal per ml.

ROYAL VICTORIA HOSPITAL BELFAST
24/12/91

--- DUPLICATE LABEL ---

Parenteral Nutrition Solution

Patient Id: ADAM STRAIN
Patient Id: 364377 Bag Id: 0019
Ward: MUSGRAVE Billing Code:
Physician: DR MAGILL Order Number: 12241291
Volume: 689 ml

AMINO ACID 20% 17 - 100 ml
INTRALIPID 20% - 70 ml
DEXTROSE 25% Concentration - 500 ml

--Additives-- -Dose-
MVI PAED 5.00 ml
ADDITRACE

** Approximate Electrolyte Totals **
Na+ 21.00 mmol Cl- 32.51 mmol
K+ 14.00 mmol PO4-- 7.00 mmol
Ca++ Comp 3.75 mmol
MAGNESIUM 0.70 mmol

AMINO ACID 20%
INTRALIPID 20%
DEXTROSE 25%

Nitrogen Content	1.6 gm	Protein Calories	42 Kcal
Non-Protein Calories	640 Kcal	Dextrose Calories	500 Kcal
Total Calories	682 Kcal	Lipid Calories	140 Kcal

Total Osmolarity

Prep. By: Date 24/12/91 Time 12:47:48
Do Not Use After 18:47 on 27/12/91
Delivery Time To Patient: 25/12/91

(Solution contains 100 ml overfill)

* THROUGH CENTRAL VEIN * STORE IN FRIDGE *