ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 13 - 12 - 91

Weight ....Kg

Name	D.O.B.	Hosp. No.
Adam Strain	4-8-91	364377

840 mls / 24 hrs.

TIME (hr)	INTAKE – INTRAVENOUS 1 TPN Level	Amount	2 TPN Level	Amount	ORAL Fluid	Amount	OUTPUT Urine R L	Aspirate or Vomit	Stool	Comment
08.00	[illegible]	[illegible]			Br Feed	[illegible]	* ~~TOTALS~~	[illegible]		
09.00									S/O	Loose
10.00	60	60								
11.00	45	75								
12.00	15	[illegible]	[illegible]							
13.00	[illegible]									
14.00	[illegible]									
15.00			[illegible]							
16.00			[illegible]							
17.00			90	257			14			
~~18.00~~ 18.30			54	293	BFeed	refused	7 34	2.94		5ml
19.00			35	302	Spoonfed	refused	15	1.24		
20.00			150	347			20 50	4.18		(—
21.00			130	367						
22.00			110	387			10 ~~60~~			
23.00			84	413 (26)	B.feed	50mls	20 18			15ml
24.00			60	437						
01.00			40	457			~~[illegible]~~ 100			
02 ~~00~~ 30			20	477	B.feed	50 mls			Small x2	
03.00			60	487			14 ~~[illegible]~~			18ml
04.00			55	492			15			5
05.00			53	494	B'feed	40 mls	110			
06.00			45	502			10			
07.00			42	505			15			

Total Intake		Total Output			
Intravenous ~~[illegible]~~ 500 ml	Oral 340 ml	Urine 342 418 143 803 ml	Aspir^n ....ml	No. of Vomits 3	No. of Stools 1

24 – Hour INTAKE ~~945~~ 840 ml ✓

24 – Hour OUTPUT 803 ml

Name..... Date...../...../..... Hosp. No..... Wt..... .....Kgs.

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INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME Start Finish	Prescribed by	ERECTED BY
1							
2							
5							
6							

PARENTERAL NUTRITION PRESCRIPTION

TOTAL VOL. Per.....Hrs. .....mls. .....mls/kg	TOTAL ENERGY .....kcals ..... kcals/kg

PROTEIN Vol. Cals.	DEXTROSE Conc. Vol. Cals.	FAT Conc. 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.	