

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

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Date 27-3-92

Weight.....Kg

Name

D.O.B.

Hosp. No.

Adam
Strain

100

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00							260			
09.00										
10.00										
11.00					Juice	40mls				
12.00		64								
13.00					Juice					
14.00										
15.00										
16.00										
17.00					Sp Feed	6 Sp Feed	50			
18.00					Bottle	Refused				
19.00		242								
20.00										
21.00		303					470 (510)			
22.00										
23.00					Juice	20mls				
00.00		418								
01.00		470								
02.00		502								
03.00										
04.00		577								
05.00		647								
06.00										
07.00		745								

Total Intake

Intravenous.....ml

Oral.....ml

Total Output

Urine
510 + 200
.....ml

Aspirⁿ

.....ml

No. of
Vomits

1

No. of
Stools

1

24 - Hour INTAKE

845

ml

24 - Hour OUTPUT

051 - 025 - 172ml

AS - ROYAL

AS - ROYAL

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		Prescribed by	ERECTED BY
					Start	Finish		
1	500ml	5% Dextrose	30mls / H ₂ O				MD	
2								
3								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

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

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