

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

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Date: 28.3.97

Weight:Kg

Name

D.O.B.

Hosp. No.

Adam
Strain.

900 mls / 24 hrs

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00							100			
09.00	Drugs	0							30	Soft
10.00	0	40								
11.00										
12.00										
13.00										
14.00										
15.00										
16.00										
17.00										
18.00							25			
19.00										
20.00										
21.00										
22.00										
23.00		129								
00.00										
01.00		260								
02.00										
03.00										
04.00		424								
05.00		534					140 mls			
06.00		620								
07.00										
Total Intake					Total Output		No. of Vomits		No. of Stools	
Intravenous.....ml					Oral.....ml		Urine.....ml		Aspir ⁿml	
680					100				3	
24 - Hour INTAKE					24 - Hour OUTPUT					
780.....ml										

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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 Start Finish	Prescribed by	ERECTED BY
1	500	5% Dextrose		30mls/hr		MCROSS	
2							
3							
4							
5							
6							

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL. Per.....Hrs.mls.mls/kg		TOTAL ENERGYkcal kcal/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	647 90 737
Cl- mmols	Ca + + mmols	Mg + + mmols	PO ₄ = mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	