ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 29.3.92

Weight.....Kg

Name	D.O.B.	Hosp. No.
Adam Strain		

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00	DEXTROSE 5%				Milk	refused	PU +		NBO	
09.00					Water	refused				
10.00	DEXTROSE 6%									
11.00										
12.00										
[illegible]										
[illegible]										
[illegible]										
16.00			TRANS				STRAW			
17.00										
18.00					3rd Feed	Refused	125			
19.00										
20.00										
21.00										
22.00										
[illegible]0										
[illegible]00										
01.00										
[illegible]										
03.00										
04.00										
05.00										
06.00										
07.00										

Total Intake		Total Output			
Intravenous.....ml	Oral.....ml	Urine .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE .....ml

24 – Hour OUTPUT .....ml