ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

480 (369)

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Date 30-3-92

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 30							P.U.	—	B.O	
09.00										
10.00					*T'feed	200mls	P.U	2 M'Fuls	B.O	Loose Green
11.00		80mls IV Feeds								
12.00		+ 2hrly -		35	*T. Feed	80mls				
13.00										Loose
14.00										
15.00										
16.00										Loose Green
17.00										
18.00					*T. feed	80mls				
19.00				520						
20.00					*T'feed	80mls	P.U	M'Ful	B.O	Soft Green
21.00	Continues Feeds at night				T'feed Water	120mls	P.U	M'fuls x3	B.O	Soft Green
22.00		50		(720)						
23.00		+								
00.00		130								
01.00		162						vomiting		
02.00										
03.00										
04.00		240					PU			
05.00		277								
06.00		352								
07.00		410								

Total Intake		Total Output			
Intravenous 460 ml	Oral 720 ml	Urine x7 ml	Aspir^{n} ml	No. of Vomits x6	No. of Stools x5
24 – Hour INTAKE 1180 ml		24 – Hour OUTPUT 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	TIME Finish	Prescribed by	ERECTED BY
1								
2								
3								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL.

Per.....Hrs. .....mls.

.....mls/kg

TOTAL ENERGY

.....kcals

..... kcals/kg

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