ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 1.4.92

Weight ..... Kg

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

TIME (hr)	INTAKE						OUTPUT				
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	Level	Amount	Level	Amount	Fluid	Amount				
08.00		18			Bfeed	refused	PU		Soft BO	
09.00		46			Juice	refused				
10.00		56	Tfeed Started		Bfeed	refused				
11.00										
12.00	[illegible]						PU			[illegible]
13.00										
14.00										
15.00										
16.00					Bfeed	refused				
17.00					Bfeed	Bfeed				
18.00							RIP [illegible]		BO	Soft
19.00		237		271						
20.00										
21.00		305		300						
22.00		315		335			PO		BNO	
23.00		325		570						
24.00		335		400						
01.00		348		446						
02.00		358		485						
03.00		368		505						
04.00		372		533						
05.00		383		575						
06.00 30		402		633						
07.00 30		413		669						

Total Intake		Total Output			
Intravenous 467 + 753 ml	Oral 50 ml	Urine 14 ml	Aspir^{n} ml	No. of Vomits	No. of Stools 3

24 – Hour INTAKE	24 – Hour OUTPUT
1220 ml	AB ABOVE

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	100mls	5% Dextrose	10mmol NaHCO3	30			E. Clarke	
2								
3								
4								
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.	