

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

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Date: 2-4-92

Weight:Kg

Name

D.O.B.

Hosp. No.

Adam
Strain

Aim for 1L.

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 st Feeds Level	Amount	2 nd Level	Amount	Fluid	Amount				
08.00		29			Refused					
09.00										
10.00										
11.00										
12.00										
13.00										
14.00										
15.00										
16.00										
17.00										
18.00										
19.00										
20.00										
21.00										
22.00										
23.00										
00.00										
01.00										
02.00										
03.00										
04.00										
05.00										
06.00										
07.00										
Total Intake						Total Output		No. of Vomits		No. of Stools
Intravenous.....ml						Oral.....ml		Urine		Aspir ⁿ
220						280		1000		
280						1000				
1000										
24 - Hour INTAKE						24 - Hour OUTPUT				
1000						As 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		Prescribed by	ERECTED BY
					Start	Finish		
1								
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	
Cl- mmols	Ca + + mmols	Mg + + mmols	PO ₄ = mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	