ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

CH 364377 Vol 3 Page: 185

Date 3-4-92

Weight .....Kg

800 Milk
400 5% Dextrose } 0/N 4/y

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										
09.00					Sp feed.	50	PJ		BJ0	
10.00										
11.00										
12.00										
13.00					Juice	50 ml				
14.00										
15.00					Soup	50				
16.00					Water	50				
17.00										
18.00					Juice	50				
19.00						400	10mls			
20.00		85				14				
21.00										
22.00										
23.00							Put	30	Soft Green	
00.00		297								
01.00										
02.00		384								
03.00		447								
04.00										
05.00		598								
06.00		669								
07.00		745					PJ		BO	Soft Green

Total Intake		Total Output			
Intravenous.....ml	Oral 1145 ml	Urine 45 ml	Aspir^{n} ml	No. of Vomits	No. of Stools 45

24 – Hour INTAKE .....ml

24 – Hour OUTPUT .....ml

Name..... Date...../...../..... Hosp. No..... Wt..... .....Kgs.

CH 364377 Vol 3 Page: 186

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								
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.	