ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription She

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Date 4-4-92

Weight.....Kg

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

800 Milk
400 5% Dextrose } Orally

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00							Put		30	Soft
09.00										
10.00					T/Feed	100mls				
11.00										
12.00					T/Feed	100mls				
13.00										
14.00										
15.00					T/Feed	150mls	Put		30	
16.00										
17.00										
18.00					T/Feed	150mls				
19.00							Put		30	Soft & Body
20.00				Continuous						
21.00				T/Feed			Pu		Bo	Soft & Body
22.00				156						
23.00										
00.00										
01.00				309						
02.00										
03.00				422						
04.00										
05.00										
06.00										
07.00				625			Pu		Bo	Soft

Total Intake		Total Output			
Intravenous.....ml	Oral 1225 .....ml	Urine x5 .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools x5 .....

24 – Hour INTAKE .....ml

24 – Hour OUTPUT .....

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 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.	