ROYAL BELFAST HOSPITAL FOR SICK CH

Fluid Balance and I.V. Prescription Sheet

Date 6-4-92

Weight .... Kg

700 to milk
300 5% Dextrose

Name	D.O.B.	Hosp. No.
Adam Strain	4-8-91	

TIME (hr)	INTAKE: INTRAVENOUS 1 Level	Amount	2 Level	Amount	ORAL Fluid	Amount	OUTPUT: Urine	Aspirate or Vomit	Stool	Comment
08.00										
09.00					Sl Feed	5 spoonfuls				
10.00					Juice	30mls				
11.00										
12.00					Sl Feed	70mls	P.U		80	[illegible]
13.00					Juice	40mls				
14.00										
15.00										
16.00					Sl Feed	[illegible]				
17.00					Juice	35mls				
18.00	T'Feed	commence				255				
19.00	7pm									
20.00										
21.00		105					PU+		30	small
22.00										
23.00										
00.00		288								
01.00		379								
02 00										
03.00		609								
04.00										
05.00										
06.00		685	N/5 Saline				PU ++	wetting ++	B/O	large
07.00		750	50	—						

Total Intake

Intravenous (797) stopped ml

Oral 1062 ml

Total Output

Urine x 2 ml

Aspir^n .... ml

No. of Vomits ....

No. of Stools x 3

24 – Hour INTAKE .... 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								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL.

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

.....mls/kg

TOTAL ENERGY

.....kcals

..... kcals/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.	