

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

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Date: 7-4-92

Weight:Kg

Name

D.O.B.

Hosp. No.

Adam
Strain

4
8
91

364377

1200 / 24hrs

TIME (hr)	INTAKE						OUTPUT				
	INTRAVENOUS			ORAL			Urine	Aspirate or Vomit	Stool	Comment	
	1 Level Amount	2 Level Amount	Fluid Amount								
08.00	40	10						small	green	BO	
09.00											
10.00					Juice	20	Pu				
11.00											
12.00											
13.00											
14.00											
15.00											
16.00		50									
17.00											
18.00							Pu		BO	Green Seeds	
19.00											
20.00											
21.00											
22.00					495		Pu		B/O	Soft	
23.00					563						
01.00					629						
02.00											
03.00					825						
04.00					914						
05.00							Pu		BNo		
06.00											
07.00					1024						
Total Intake				Oral 1164		Total Output		No. of Vomits		No. of Stools	
Intravenous.....ml						Urine.....ml		Aspir ⁿml			
24 - Hour INTAKE						24 - Hour OUTPUT					
.....ml						ml					

Name..... Date...../...../..... Hosp. No.....

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	500mls	No 18		10				
2								
3								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

<u>TOTAL VOL.</u>		<u>TOTAL ENERGY</u>	
Per.....Hrs.	mls.	kcal	kcal/kg
	mls/kg		
<u>PROTEIN</u>		<u>DEXTROSE</u>	<u>FAT</u>
	Conc.	Conc.	Conc.
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.	