ROYAL BELFAST HOSPITAL FOR SICK

Fluid Balance and I.V. Prescription Sheet

Date 8.4.92

Weight .....Kg

Name	D.O.B.	Hosp. No.
Adam Strain	4.8.91	364377

1200 in 24 hrs

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00										
09.00					S'feed	120			Blo	slight
10.00					Juice	4 mls				
11.00										
12.00										
13.00										
14.00										
15.00					Juice	30	50mls			
16.00					Juice	15mls				
17.00										
18.00	4 feeds.				Ap feed Juice	30 mls. 60 mls	PU over floor!		small soft.	
19.00					Total	355 mls				
20.00	94 mls									
21.00	180						Pu		30	Soft Seedy
22.00	250									
23.00	320									
24.00	390									
01.00	466									
02.00	539									
03.00	600									
04.00	659									
05.00	(									
06.00										
07.00	879									

Total Intake		Total Output			
Intravenous.....ml	Oral 1234 ml	Urine .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....
24 – Hour INTAKE .....ml		24 – Hour OUTPUT .....ml			

Name..... Date...../...../..... Hosp. No.... **CH 364377 Vol 3 Page: 196**

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	25mls	Ketoconazole	/	27	10a			
2								
3								
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.	