ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 9.4.92

Weight ....Kg

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

1200 in 24hrs -

TIME (hr)	INTAKE: INTRAVENOUS 1 Level	Amount	2 Level	Amount	ORAL Fluid	Amount	OUTPUT: Urine	Aspirate or Vomit	Stool	Comment
08.00							PU		soft BO	
09.00				Force fed	Sp feed Juice	35 25				
10.00					Sp feed	20				
11.00				100lb	milk	20				
12.00										
13.00				[illegible]	[illegible] Juice	80 60	PU			
14.00						[illegible]				
15.00					[illegible]	[illegible]				
16.00				[illegible]	[illegible]	[illegible]				
17.00	N/6 feeds 1/65ml/hr				Dinner	refused				
18.00										
19.00										
20.00					Sleeping					
21.00										
22.00			261				PU ++			
23.00			310							
24.00										
01.00			438							
02.00			531							
03.00			617							
04.00										
05.00										
06.00			799							
07.00			855							

Total Intake		Total Output		No. of Vomits	No. of Stools
Intravenous NG 855 ml	Oral 345 ml	Urine 3 ml	Aspir^n ....ml	....	x 1.

24 – Hour INTAKE 1200 ml

24 – Hour OUTPUT ....ml

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

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

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.	