ROYAL BELFAST HOSPITAL FOR SICK

Fluid Balance and I.V. Prescription Sheet

Date 12-4-92

Weight .....Kg

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

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00										
09.00									60.	
10.00										
11.00										
12.00										
13.00					Juice	120				
14.00										
15.00										
16.00					Soyfeed Juice	Vomit 50ml 250			60	
17.00										
18.00										
19.00	4 feeds						Pu ++		30	Loose Green
20.00										
21.00										
22.00	176									
23.00										
24.00	316									
01.00										
02.00										
03.00	526									
04.00										
05.00	660						Pu		810	green seedy
06.00										
07.00	790									

Total Intake		Total Output			
Intravenous.....ml	Oral 1070 ml	Urine 1.3 ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools X4

24 – Hour INTAKE	24 – Hour OUTPUT
1070 ml	.....ml

Name..... Date...../...../..... Hosp. No..... Wt..... .....Kgs.

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.	