ROYAL BELFAST HOSPITAL FOR SICK

Fluid Balance and I.V. Prescription Sheet

Date 13.4.92

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		25								
09.00	+				Sp'feed	60				
10.00					Juice	20.	Putt		Small Soft	
11.00										
12.00										
13.00										
14.00										
15.00										
16.00										
17.00										
18.00					Sp'Feed	60ml	Putt		Soft Green	
19.00					Juice	100ml				
20.00						485				
21.00	NG	feeds								
22.00										
23.00										
24.00										
01.00		300								
02.00										
03.00		410								
04.00		457								
05.00										
06.00		590								
07.00		655			Juice	Ref.	Putt		Small Soft.	

Total Intake		Total Output			
Intravenous 655 ml	Oral 485 ml	Urine .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE	24 – Hour OUTPUT
.....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								

TOTAL VOL.

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

.....mls/kg

TOTAL ENERGY

.....kcals

..... kcals/kg

PROTEIN	DEXTROSE	FAT
Vol. Cals.	Conc. Vol. Cals.	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.	