

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

Date 14-4-92

Name

D.O.B.

Hosp. No.

Adam
Strain

Weight.....Kg

1200/24hrs

TIME (hr)	INTAKE						OUTPUT				
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment	
	1 Level	Amount	2 Level	Amount	Fluid	Amount					
08.00											
09.00											
10.00											
11.00											
12.00											
13.00											
14.00											
15.00											
16.00											
17.00											
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22.00											
23.00											
24.00											
01.00											
02.00											
03.00											
04.00											
05.00											
06.00											
07.00											
Total Intake		1129 ml				Total Output		No. of Vomits		No. of Stools	
Intravenous		1129 ml				Oral		Urine		Aspirate	
24 - Hour INTAKE		1129 ml				24 - Hour OUTPUT		AS ABOVE			

Name _____ Date _____ Hosp. _____
200
485

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								
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<u>TOTAL-VOL.</u>		<u>TOTAL ENERGY</u>	
Per.....Hrs.	mls.	kcal	kcal/kg
	mls/kg		
<u>PROTEIN</u>	<u>DEXTROSE</u>	Conc.	<u>FAT</u> Conc.
Vol.	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	PO4= mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	