

Date 15-4-92

Weight.....Kg

Name

Adam Stain

D.O.B.

4-8-91

Hosp. No.

364377

200 mb | 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											
10.00											
11.00											
12.00											
13.00											
14.00											
15.00											
16.00											
17.00											
18.00											
19.00											
20.00											
21.00											
22.00											
23.00	-	80									
24.00	-	120									
01.00	-	160									
02.00	-	201									
03.00											
04.00											
05.00											
06.00	-	368									
07.00											
Total Intake						Total Output					
Intravenous.....		405.....ml		Oral.....780.....ml		Urine.....		Aspir ⁿ		No. of Vomits	
										No. of Stools	
24 - Hour INTAKE		1185.....ml		24 - Hour OUTPUT							

Date:

Hosp. No

Wt.....Kgs.

044 0.

2 |

TOTAL VOL.

TOTAL ENERGY

Per Hrs. mls. kcal.

..... mls/kg kcal/kg

PROTEIN

DEXTROSE

Conc.

FAT

Conc.—

Vol.

Cals.

Vol.:-

Cals.

Vol.

Cals....

Amino Acids (grams)

Nitrogen (grams)Nitrogen/Cat Ratio

CHO (grams)

Other Additives

Fat (grams)

NaCl mmolsNa Lactate mmolsK + mmolsCl- mmols

Ca + + mmols

Mg + + mmols
$$PO_4 = \text{mmols}$$

Addamel (mbs)

Solvito (mils)Vitlipid (mls)Critical Ag. Conc.