ROYAL BELFAST HOSPITAL FOR SIC

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Fluid Balance and I.V. Prescription Sheet

Date 16-4-92

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					Choko	60mls				
09.00					Milk		10		2No	
10.00						100				
11.00										
12.00										
13.00										
14.00										
15.00										
16.00										
17.00									80	
18.00					5 Feed Juice	50mls Lqused				
19.00					Juice	50mls				
20.00	Feeds - 60mls/hr					530				
21.00	Commenced						Pu		30	
22.00		420								
23.00		60								
24.00		120								
01.00		180								
02.00		240	↑ 65mls/hr							
03.00		333								
04.00										
05.00										
06.00		538								
07.00										

Total Intake		Total Output			
Intravenous 538 ml	Oral 630 ml	Urine Nil ml	Aspirn ml	No. of Vomits 1	No. of Stools 2

24 – Hour INTAKE 1168 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							
5							
6							

PARENTERAL NUTRITION PRESCRIPTION CHART

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.	

ROYAL BELFAST HOSPITAL FOR SICK C

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										
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										
24.00										
01.00										
02.00										
03.00										
04.00										
05.00										
06.00										
07.00										

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

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