

Name..... Date...../...../..... Hosp. No.....

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								
2								
3								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

<u>TOTAL VOL.</u>		<u>TOTAL ENERGY</u>	
Per.....Hrs.	mls.	kcal	
	mls/kg	 kcal/kg	
<u>PROTEIN</u>	<u>DEXTROSE</u>	Conc.	<u>FAT</u> Conc.
Vol.	Vol.	Cals.	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.	