EASTERN HEALTH AND SOCIAL SERVIC

CH 364377 Vol 3 Page: 215

AFFIX LABEL HERE OR ENTER

FULL NAME Adam Strain

ADDRESS

D.O.B. WD./O.P.D.

HOSPITAL NO.

DAILY FLUID CHART

24 Hours
Beginning 26-3-92

TIME	INTAKE					OUTPUT					REMARKS
	BY MOUTH		INTRAVENOUS OR OTHER ROUTES			Urine ml.	Faeces	Vomit ml.	Gast. Asp. ml.	Drain ml.	
	Amount ml.	Type	Amount ml.	Type	Add.						
0800						PU	B/O				Loose green
0900	Bleed	30 mls	30mls	Amphotericin							
1000	Oberon 40mg		30	Dexsalene							
1100			10								
1200											
1300						P.U					
1400			131.			NPU	BO				Loose yellow
1500	Force Fluid										
1600	Oberon	50.									
1700											
1800											
1900	Sips										
2000			344								
21000			384			150					
2200	Refused	WATER	424			PU	B/O				LOOSE
2300			464								
2400			514								
0100			554								
0200			590								
0300			652								
0400			690								
0500	40	WATER	720								
0600			~~755~~								
0700			819								

Name .....

DATE:-

TOTAL	By Mouth	Intravenous or Other Routes	Urine	Faeces	Vomit	Gast. Asp.	Drain
Day Total	160 ML	819 ML	ML	13 ML	ML	ML	ML
Night Total	ML	ML	ML	ML	ML	ML	ML
Total for 24 hours	ML	ML	ML	ML	ML	ML	ML

TOTAL INTAKE 979 TOTAL OUTPUT

AS - ROYAL

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INTRAVENOUS FLUID CHART

DATE: .....

Bottle Pack No.	AMOUNT	TYPE of FLUID (Block Letters)	NAME AND AMOUNT of ADDITIVE (Block Letters)	TIME TO BE COMMENCED	No. DROPS/MIN.	TIME TO BE COMPLETED	PRESCRIBED BY (SIGNATURE)	ERECTED BY (SIGNATURE)
1		500ml 4% Dextrose 0.18% Nacl		4pm	do	11pm		
2								
3								
4								
5								
6								
7								
8								
9								
10								