EASTERN HEALTH AND SOCIAL SERVICES

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DAILY FLUID CHART

AFFIX LABEL HERE OR ENTER

FULL NAME Adam Strain

ADDRESS

D.O.B.

WD./~~O.P.D.~~ musg.

HOSPITAL NO.

24 Hours
Beginning 25.3.92

TIME	INTAKE: BY MOUTH Amount ml.	BY MOUTH Type	INTRAVENOUS OR OTHER ROUTES Amount ml.	Type	Add.	OUTPUT: Urine ml.	Faeces	Vomit ml.	Gast. Asp. ml.	Drain ml.	REMARKS
0800							30				LOOSE & SEEDY
0900	70mls	B'Feed									
1000							30				GREEN WATER
1100						20mls	30				VERY LOOSE GREEN
1200	Sp'Feed Refused										
1300	70mls	B'Feed									
1400											
1500	[illegible]	Sp'Feed [illegible]					30				LOOSE GREEN SEEDY
1600											
1700	[illegible]	[illegible]									
1800							30				LOOSE GREEN SEEDY
1900	50mls	JUICE									
2000							30				LOOSE GREEN SEEDY
2100	30/100	B'Feed									
2200											
2300	180	B'Feed					30				LOOSE GREEN & SEEDY
2400											
0100											
0200											
0300	200mls	B feed					B/O				Large, loose green, seedy.
0400							B/O				Loose, green seedy.
0500											
0600											
0700	100	B'Feed.					B/O				Small loose.

DATE:-

Name ....

TOTAL	INTAKE: By Mouth	Intravenous or Other Routes	Urine	Faeces	Vomit	Gast. Asp.	Drain
Day Total	ML	ML	ML	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 915 TOTAL OUTPUT

AS - ROYAL

051-025x-219

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	15Mls	5% Dextrose	2mg Amphotericin B		30ml/hr		Mehta	Mehta
2								
3								
4								
5								
6								
7								
8								
9								
10								