EASTERN HEALTH AND SOCIAL SERVI

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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 24-3-92

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	Orlyte	80									
0900 30	SMA	40ms	30mls	Amphotericin							
1000			[redacted]								
1100											
1200	Orlyte	180mls				Pu?	30				Soft Green
1300						Pu	30				Soft Green
1400											
1500											
1600	[redacted]	[redacted]				75					
1700											
1800											
1900	2mls	Juice				50	30x2				Loose & Seedy
2000	3mls	Icecream									
21000											
2200											
2300											
2400											
0100											
0200	100	Blood				40	B/O				Loose & Seedy
0300											
0400											
0500											
0600 30	200	Blood				PU	B/O				Loose
0700											

DATE:- INTAKE

Name .....

TOTAL	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 785 TOTAL OUTPUT

AS - ROYAL

051-025y-221

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								
2								
3								
4								
5								
6								
7								
8								
9								
10								