ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 22.3.92

Weight .....Kg

Name	D.O.B.	Hosp. No.
Adam Strain		

Bfwoed Spoonfeeds

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00					B'feed	30				
09.00										
10.00					B'feed	30mls			VERY LOOSE	
11.00					B'feed	30mls	Pu		VERY LOOSE	
12.00										
13.00					D'lyte	90mls		Pt fed x3		
14.00										
15.00										
16.00					D'lyte	120mls	Pu		30	Loose & Green
17.00					D'Lyte	180mls				
18.00										
19.00					B'feed	60mls	75			
20.00										
21.00					B'feed	refused	P.U.			
22.00	Ampicillin in 5% Dextrose 50 mls				Dioralyte	60mls				
23.00										
24.00					Dioralyte	60mls			BO	Loose green
01.00										
02.00					Dioralyte	50mls	N.P.U.			
03.00										
04.00										
05.00					D'lyte	60mls	PU		BO Small	
06.00										
07.00										

Fashrel

Total Intake		Total Output			
Intravenous.....ml	Oral 870 .....ml	Urine X4 .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools X5 .....

1 – Hour INTAKE	24 – Hour OUTPUT
870 .....ml	.....ml

Name..... Date...../...../..... Hosp. No..... Wt..... .....Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME Start	TIME Finish	Prescribed by	ERECTED BY
1	1·30	38·1						
2	Para	1·00						
3	500	38·5	Para					
	50		5% Dextrose	Inj amphotericin B	50ml/hr	10 pm.	Mcnose	
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL. Per.....Hrs. .....mls. .....mls/kg	TOTAL ENERGY .....kcals ..... kcals/kg	
PROTEIN Vol. Cals.	DEXTROSE Conc. Vol. Cals.	FAT Conc. Vol. Cal:

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.	