ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 25.4.97

Weight.....Kg

Name	D.O.B.	Hosp. No.
Adam Strain	4.8.91	364377

-1100 mls/24 hrs.

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00							Pu ++		30	Soft
09							Pu		30	Soft
10							Pu			
11.00					T'Feed	100				
12										
13										
14										
15.00										
16.00										
17.00					Juice	Tondo				
18.00										
19.00					T'Feed	Tondo	Pu		30	Loose
20.00										
21.00						~~100~~ +				
22										
23										
24.00						50 +				
01										
02.00						150				
03						216				
04.00										
05.00						324				
06.00						3~~0~~41				
07.00							Pu +++			

Total Intake		Total Output			
Intravenous.....ml	Oral 1084 ml	Urine ..... ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE 1084 ml

24 – Hour OUTPUT 052-014-020 ml

AS - ROYAL