Fluid Balance and I.V. Prescri[illegible]

Date 24 4 92

Weight .... Kg

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

1,200 mls /24hrs.

TIME (hr)	INTAKE – INTRAVENOUS 1 Level	1 Amount	2 Level	2 Amount	ORAL Fluid	ORAL Amount	OUTPUT Urine	Aspirate or Vomit	Stool	Comment
08,00										
09.00							110mls		30	Spot
10.00										
[illegible]1.00										
12.00										
[redacted]										
17.00										
18.00										
19.00										
20.00							PU		B/O +++	
21.00					T l(cal)	~~[illegible]~~ 180				
[illegible]00		Continuous Tube feed							30	
23.00										
24.00										
01.00										
[illegible]										
03.00										
04.00										
05.00				500						
06.00				522						
07.00				600						

Total Intake		Total Output			
Intravenous .... ml	Oral 1170 ml	Urine 210 + x1 ml	Aspir^n .... ml	No. of Vomits	No. of Stools x4

24 – Hour INTAKE .... ml	24 – Hour OUTPU[illegible]

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AS - ROYAL