# BELFAST HOSPITAL FOR SICK CHILDREN

## Fluid Balance and I.V. Prescription Sheet

Date 23 4 92

Weight .....Kg

| Name | D.O.B. | Hosp. No. |
|---|---|---|
| Adam Strain | 4/8/91 | 364377 |

25+0
840
1280

1,200 / 24hr

| TIME (hr) | INTAKE | | | | | | OUTPUT | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | INTRAVENOUS | | | | ORAL | | Urine | Aspirate or Vomit | Stool | Comment |
| | 1 Level | Amount | 2 Level | Amount | Fluid | Amount | | | | |
| 08.00 | | | | | Bfeed | Bfeed | Pu | | B.O. | |
| 09.00 | | | | | | | | | | |
| 10.00 | | | | | | | | | | |
| 11.00 | | | | | T | | | | | |
| 12.00 | | | | | | | | | | |
| 13.00 | | | | | | | | | | |
| 14.00 | | | | | | | | | | |
| 15.00 | | | | | | | | | | |
| 16.00 | | | | | | | | | | |
| 17.00 | | | | | Tfeed | 120 | Ps | | B.O. | |
| 18.00 | | | | | | | | | 30 | |
| 19.00 | | | | | | | | | | |
| 20.00 | | | | | | | | | | |
| 21.00 | | | | | | | | | | |
| 22.00 | | | | | | | | | | |
| 23.00 | | | | | | | | | | |
| 00.00 | | | | | | | Pu | | | |
| 01.00 | | | | | | | | | | |
| 02.00 | | | | | | 460 | | | | |
| 03.00 | | | | | | | | | | |
| 04.00 | | | | | | 565 | Pu | | | |
| 05.00 | | | | | | | | | | |
| 06.00 | | | | | | | | | | |
| 07.00 | | | | | | 840 | | | | |

| Total Intake | | Total Output | | | |
|---|---|---|---|---|---|
| Intravenous.....ml | Oral 1280 ml | Urine .....ml | Aspir$^{n}$ .....ml | No. of Vomits ..... | No. of Stools ..... |

24 – Hour INTAKE .....ml

**AS - ROYAL**

24 – Hour OUTP

**052-014b-022**