

HOSPITAL FOR SICK CHILDREN Fluid Balance and I.V. Prescription Sheet

Date 22.4.92

Weight.....Kg

Name

Adam Strain

D.O.B.

4/8/91

Hosp. No.

364377

1200/24hr

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00										
09.00									<u>30</u>	
10.00					<u>MILK SHAKE</u>	<u>40mls</u>				
11.00										
12.00										
13.00										
14.00										
15.00										
16.00						<u>25mls</u>	<u>Pu</u>			<u>Loose Stool</u>
17.00					<u>Sp Feed</u>	<u>Refused</u>			<u>30+</u>	<u>Loose Stool</u>
18.00										
19.00	<u>Continuous feeds</u>						<u>Pu</u>			
20.00										
21.00										
22.00										
23.00										
24.00										
01.00		<u>474</u>								
02.00		<u>+</u>								
03.00										
04.00										
05.00										
06.00		<u>354</u>								
07.00		<u>760</u>								
Total Intake		<u>934</u> ml		Oral.....		<u>235</u> ml	Total Output			
Intravenous.....							Urine	Aspir ⁿ	No. of Vomits	No. of Stools
							ml	ml		

24 - Hour INTAKE

1169 ml

24 - Hour OUTPUT

052-014c-023

AS - ROYAL

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

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INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME		Prescribed by	ERECTED BY
					Start	Finish		
1	1/2 L	NO 18 SOLN.	D12 @ 7 PM 40				LMoff	
2	1/2 L	NO 18 SOLN.		40			LMoff	
3	1/2 L	10% Dextrose	15 mmol KCL 40				LMoff	
4	1/2 L	10% Dextrose		40			LMoff	
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

<u>TOTAL VOL.</u>		<u>TOTAL ENERGY</u>	
Per.....Hrs.	mls.	kcal	kcal/kg
	mls/kg		
<u>PROTEIN</u>		<u>DEXTROSE</u>	<u>FAT</u>
Vol.	Cals.	Conc.	Conc.
Vol.	Cals.	Vol.	Cals.

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.	