

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

Date 20/4/92

Weight.....Kg

Name <u>Adam Strain</u>	D.O.B. <u>4/8/91</u>	Hosp. No. <u>364377</u>
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TIME (hr)	INTAKE						OUTPUT				
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment	
	1 Level	Amount	2 Level	Amount	Fluid	Amount					
08.00					M/S	85					
09.00											
10.00					M/S	90					
11.00											
12.00											
13.00											
14.00											
15.00											
16.00											
17.00											
18.00							80		liquid		
19.00							120.				
20.00											
21.00											
22.00							270		B.O	white	
23.00							790			semi formed	
24.00											
01.00											
02.00											
03.00											
04.00											
05.00											
06.00							170		B.O	white	
07.00										semi formed	
Total Intake						Total Output		No. of Vomits		No. of Stools	
Intravenous.....ml						Oral.....ml		Urine		Aspir ⁿ	
						1385		960 +			

24 - Hour INTAKE

1860

24 - Hour OUTPUT

052-014d-025

AS - ROYAL