C

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 6/6/92

Weight.....Kg

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

Rum for 1100 | 24hrs.

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00							Pu		3o	
09.00					patient refused.					
10.00							Pu		3o.	
11.00										
12.00										
13.00										
14.00										
15.00										
16.00										
17.00										
18.00										
19.00										
20.00										
21.00										
22.00										
23.00										
24.00										
01.00										
02.00										
03.00										
04.00										
05.00										
06.00										
07.00										

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

24 – Hour INTAKE .....ml

24 – Hour OUTPUT 053-011-022 .....ml

AS - ROYAL