ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 5-6-92

Weight.....Kg

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

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00					Fasting		PU++		BNO	
09.00										
10.00							PU			
11.00										
12.00							PU		BNO	
13.00										
14.00										
15.00										
16.00					Water	100mls				
17.00							PU		30	
18.00										
19.00					Milk	130mls		Red		
20.00/30	100				T'Feed	60mls				
21.00						(2%)				
22.00										
23.00										
00.00										
01.00		326								
02.00										
03.00										
04.00		527								
05.00										
06.00		614								
07.00		500								

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

24 – Hour INTAKE	24 – Hour OUTPUT
.....ml	.....ml