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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 4-6-92

Weight.....Kg

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

1,100mls/24hrs

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00							pu++		Loose Blo.	
10.00					milk	30mls.				
11.00										
12.00					milk	100mls			Loose	[redacted]
13.00					[redacted]					
14.00										
15.00										
16.00					milk	150		small phlegm		
17.00										
18.00						305.	PU		Bo	Loose
19.00										
20.00	U.G Bed									
21.00										
22.00										
23.00										
24.00										
01.00		313								
02.00										
03.00										
04.00										
05.00		628								
06.00										
07.00		750								

Total Intake		Total Output			
Intravenous 1055 ml	Oral.....ml	Urine .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE .....ml

24 – Hour OUTPUT .....ml

AS - ROYAL

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