ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 3-6-1992

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				
( )0										
09.00							P.U.			
1)0					Milk	30mls				
.00										
12.00					T'feed Milk	150mls				
13.00										
14.00										
15.00										
16.00										
17.00					Milk	100mls				
18.00										
19.00					T'feed Milk	180mls				
20.00						360	P.U.		30	Loose & Green & Seedy
0	On-line T'feed				Water	100.				
22.00			6hr.							
2.										
2. 0		—	135							
01.00			206							
02 00			223							
03.00			283							
04.00			310							
05.00			361							
06.00			413							
07.00			485							

Total Intake		Total Output			
Intravenous.....ml	Oral.....ml	Urine .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....
24 – Hour INTAKE .....ml		24 – Hour OUTPUT .....ml			