ROYAL BELFAST HOSPITAL FOR SICK CHILDR...

Fluid Balance and I.V. Prescription Sheet

Date 2-6-92

Weight.....Kg

Name	D.O.B.	Hosp. No.
Adam Strain	4/8/91	364377

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00					Milk	30 ml	PU		BO	
09.00										
10.00										
11.00					Milk	80ml				
12.00										
13.00					Milk	200ml				
14.00							PU			
15.00										
16.00										
17.00					Milk	60.		30		
18.00								30		Loose Green
19.00					Milk	30				
20.00						~~400~~ +				
21.00										
22.00							PU			
23.00										
24.00						225				
01.00										
02.00						361				
03.00										
04.00						492				
05.00										
06.00						638	PU		BO	Green
07.00						703				

Total Intake		Total Output			
Intravenous.....ml	Oral 1103 .....ml	Urine 14 .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE .....ml

24 – Hour OUTPUT .....ml