

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
Fluid Balance and I.V. Prescription Sheet

Date 1-6-92

Weight 10.73 Kg

Name Adam Strain	D.O.B. $\frac{4}{8}{91}$	Hosp. No. 364377
----------------------------	-----------------------------	----------------------------

TIME (hr)	INTAKE						OUTPUT				
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment	
	1 Level	Amount	2 Level	Amount	Fluid	Amount					
0					milk	180ml	PU		BO ^{tt}	loose green seedy	
1.00										Bag in situ	
11.00					milk	180ml	PU		Bo	loose green	
12.00											
13.00					SMA	50ml					
14.00					B'feed	130ml					
15.00							PU small		BND		
16.00					B'feed	230ml					
17.00											
18.00											
19.00					milk	180	PU		Bo		
20.00				950							
2											
2					milk	180			Bo	Loose Green	
10											
24.00											
01.00											
02.00											
03.00											
04.00											
05.00					milk	150	PU ^{tt}				
06.00											
07.00					milk	100					
Total Intake				Total Output							
Intravenous.....ml				Oral..... <u>1380</u> ml		Urine.....ml		Aspir ⁿml		No. of Vomits.....	
										No. of Stools.....	
24 - Hour INTAKE.....ml						24 - Hour OUTPUT.....ml					

053-011e-027