

Name..... Date...../...../..... Hosp. No..... Wt.....Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME		Prescribed by	ERECTED BY
					Start	Finish		
1	500 ml	N618	/	40				
2								
3								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

<u>TOTAL VOL.</u> Per.....Hrs.mls.mls/kg		<u>TOTAL ENERGY</u>kcal kcal/kg	
<u>PROTEIN</u>	<u>DEXTROSE</u>	Conc.	<u>FAT</u>
Vol.	Vol.	Cals.	Vol.
Cals.	Cals.		Cals.

Amino Acids (grams)	Nitrogen (grams)	Nitrogen/ Cal Ratio	CHO (grams)	Other Additives
Fat (grams)	NaCl mmols	Na Lactate mmols	K + mmols	
Cl- mmols	Ca + + mmols	Mg + + mmols	PO ₄ = mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	