ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 29-5-92

Weight ....Kg

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

TIME (hr)	INTAKE: INTRAVENOUS 1 Level	Amount	2 Level	Amount	ORAL Fluid	Amount	OUTPUT: Urine	Aspirate or Vomit	Stool	Comment
08,00							Pu			
(0										
.00							Pu		30	Loose - Green Stools
.00										
12.00							[illegible]			
13.00										
14.00										
15.00										
16.00							35			
17.00			No 18 Sol @ 40mls/hr							
18.00		6								J Cameron
19.00		46								J Cameron
20.00		85							30 Loose Soggy Green	J Cameron
21.00							Pu.			
2		180								✓ [illegible]
2 0		202								
0		247								✓ M [illegible]
01.00										
02 00		351					Pu -			✓ M [illegible]
03.00										
04.00		411								✓ M [illegible]
05.00										
06.00		496								✓ R [illegible]
07.00		555								

Total Intake

Intravenous 555 ml

Oral — ml

Total Output

Urine X6 ml

Aspir^n ....ml

No. of Vomits X

No. of Stools X2

24 – Hour INTAKE 555 ml

24 – Hour OUTPUT ml

053-011i-031

AS - ROYAL

768/OS 1795