ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 25-5-92

Weight.....Kg

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

1100/24hrs

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00							PU		BO Loose + Smelly	Uri bag on
09.00					Dextrolyte	100 mls				
10.00					Juice	300mls				
11.00										
12.00										
13.00										
14.00										
15.00										
16.00						60mls	PU x 4			
17.00										
18.00										
19.00										
20.00										
21.00		Tubefeed					PU			
22.00		163								
23.00		297								
24.00		-								
01.00										
02.00										
03.00		500								
04.00										
05.00										
06.00										
07.00		913					PU		B/O semi formed	

Total Intake		Total Output			
Intravenous 913 ml	Oral 210 ml	Urine .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE 1123 ml

24 – Hour OUTPUT .....ml