ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 24 5 92

Weight.....Kg

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

140
230
800
1170

1000 / 24 hr

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
10.00										
10.00					milk	70	PU		BNO	
10.00					juice	80				
11.00					milk	50				
12.00										
13.00										
14.00							PU			
15.00					½ milk	230	PU		BNO	Loose Stool
16.00										
17.00										
18.00										
19.00	1st Tfeeds @ 70ml/hr						PU		BNO	
20.00										
21.00										
22.00			147							
23.00										
24.00										
01.00										
02 00			354							
03.00			468							
04.00			574							
05.00			623							
06.00										
07.00			800							

Total Intake		Total Output			
Intravenous.....ml	Oral 1170 .....ml	Urine .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE .....ml

24 – Hour OUTPUT

053-0110-037 ml

AS - ROYAL

WNC 768/OS 1795