ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V./Prescription Sheet

Date 21.5.92

Weight .....Kg

Name	D.O.B.	Hosp. No.
Adam Strain	4.8.91	364372

(1,100 /24hrs)

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
14.00										
15.00										
16.00					Admitted		PU			ORine b tst
17.00									Small	
18.00					Milk	100				
19.0[illegible]										
20.[illegible]							(x)PU		30	Loose Green Seedy
					Milk	120			M'Ful	
[illegible]:00					Milk	100				
23.00										
24.00										
01.00										
02 00					T Feed	100mls				
03.00										
04.00					milk	100mls				
05.00					milk	100mls				
06.00										
07.00										

Total Intake		Total Output			
Intravenous.....ml	Oral 1090 ml	Urine XS ml	Aspir[n] .....ml	No. of Vomits	No. of Stools XS

AS - ROYAL

24 – Hour INTAKE 1090 ml

24 – Hour OUTPUT .....ml

053-011r-040