ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 16/5/92

Weight.....Kg

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

1,100mls / 24hrs.

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
0					Juice	200mls	Pu++		No	
30										
1										
15.00										
16.00										Loose Green
17.00					1/2 weet	2 spoon				
18.00					Milk	120mls				
19.00				BD	Milk	100mls		Small		
20.00					*juice	100mls				
21							Pu			
2 10					Milk	120mls				
23..										
2..						1040				
01.00										
02.00					Water	100				
03.00										
04.00										
05.00										
06.00					Milk	90mls	Pu		Small Green	
07.00										

Total Intake		Total Output			
Intravenous.....ml	Oral 1230 ml	Urine ~3 .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools ~4 .....

24 – Hour INTAKE .....ml

24 – Hour OUTPUT

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AS - ROYAL