ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 13/2/92

Weight .....Kg

Name	D.O.B.	Hosp. No.
Adam Strain		364377.

1,100 mls / 24 hrs

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00									B/o loose	
09.00					milk	250				
09.30					ad home				B/o	Loose
15.00										
16.00										
17.00				660	Sc Gum milk	30	Pu		B/o	Loose.
18.00						60				
19.00					milk	100				
20.00										
21.00							Pu		B/o +++	
2					Milk	90				
0										
4.00										
1.00										
2 00										
3.00										
4.00										
5.00										
6.00					milk	200	Pu-		B/O.	
7.00										

Total Intake		Total Output			
Intravenous.....ml	Oral 1010 ml	Urine Pu X 4 ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools X5

24 – Hour INTAKE 1010 ml

24 – Hour OUTPUT Pu x 4 ml