ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 30-3-93

Weight.....Kg

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

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
10.00										
10.30										
11.00										
11.30										
12.00										
13.00										
14.00										
15.00										
16.00										
17.00										
18.00										
19.00										
20.00										
21.00										
22.00										
23.00										
24.00										
01.00										
02.00										
03.00										
04.00										
05.00										
06.00										
07.00										

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

24 – Hour INTAKE .....ml

24 – Hour OUTPUT .....ml

054-014-033

AS - ROYAL

Name ..... Date...../...../..... Hosp. No..... Wt..... .....Kg

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:NOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME Start Finish	Prescribed by	ERECTED BY
1							
2							
3							
4							
5							
6							

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL. Per.....Hrs. .....mls. .....mls/kg	TOTAL ENERGY .....kcals ..... kcals/kg

PROTEIN	DEXTROSE	FAT
	Conc.	Conc.
Vol. Cals.	Vol. Cals.	Vol. Cals.

Amino Acids (grams)	Nitrogen (grams)	Nitrogen/Cal Ratio	CHO (grams)	Other Additives
Fat (grams)	NaCl mmols	Na Lactate mmols	K + mmols	
Cl— mmols	Ca + + mmols	Mg + + mmols	PO_4 = mmols	
Addamel (mls)	Solvito (mls)	Vitlipid (mls)	Critical Ag. Conc.	

PNP 93A149

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