ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 28.3.93

Weight.....Kg

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

1500 mls/24 hrs.

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comm
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
( )							Pu+			
00.00					Milk	50mls		Small		
0.00										
11.00										
15.00										
16.00							Pu			
17.00										
18.00					Yog Milk	250mls	Pu	Med	30	
19.00					(920)					
20.00										
21					T'(200		Pu			
22.00										
00						160				
24.00										
01.00										
02.00						385				
03.00										
04.00										
05.00										
06.00						620				
07.00						766	PU++++			

Total Intake		Total Output			
Intravenous.....ml	Oral 1686 ml	Urine X 6 ml	Aspir^{n} X 3 ml	No. of Vomits	No. of Stools 4 1

24 – Hour INTAKE .....

24 – Hour OUTPUT .....

Name..... Date...../...../..... Hosp. No..... Wt..... .....Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

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

PARENTERAL NUTRITION PRESCRIPTION CHART

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

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