ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 27-3-93

Weight ..... Kg

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

1,500 mls / day.

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comm
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
0[illegible]					Water	250				
09.00										
[illegible]00										
15.00					Diyfe	100mls				
16.00										
17.00					Diyfe	200mls				B/o small loose
18.00								Small		
19.00	T. Feed				Milk	150mls				
20.00	Dextrose w aloomes/hr									
21.[illegible]										
22.00	—	136					Put			
00										
24.00										
01.00		422								
02.00										
03.00										
04.00		586					Put		B/o	
05.00		70								
06.00										
07.00		170								

Total Intake		Total Output			
Intravenous 586 + 140 = 726 ml	Oral 850 ml	Urine X 3 ml	Aspir[n] ml	No. of Vomits X 1	No. of Stools 2

24 – Hour INTAKE 726 ml

24 – Hour OUTPUT Pu X 3 B/D x 2 ml

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 Finish	Prescribed by	ERECTED BY
1						
2						
3						

PARENTERAL NUTRITION PRESCRIPTION CHART

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

OTEIN	DEXTROSE	Conc.	FAT	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.	