ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 25.3.94

Weight .....Kg

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

* 2.1 Litres / 24 hrs *

TIME	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
0( )										
09.00										
10.00										
11.00										
12.00										
13.00										
14.00										
15.00										
16.00										
17.00										
18.00										
19.0(										
( )0										
2( )										
22.00										
23.00										
24.00										
01.00										
02.00										
03.00										
04.00										
05.00										
06.00										
07.00										

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

24 – Hour INTAKE .....ml

AS - ROYAL

24 – Hour OUTPUT .....ml

055-007-009

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								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

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

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