

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
 Fluid Balance and J.V. Prescription Sheet

Date 23.3.94

Weight.....Kg

Name

D.O.B.

Hosp. No.

Adam
Strain

Fluid 100mls/hr in Total overnight

TIME	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00										
09.00										
10.00	N.Saline		Morphine		15% orally					
11.00	15mls		2mls							
12.00	44mls		1mls							
13.00	96		per				npu.			
14.00	139		Sheet							
15.00	163									
16.00	197									
17.00	293						NDH			
18.00	343									
19.00	434									
20.00	495						NDH			
21.00	601									
22.00	701						140ml			
23.00	866									
24.00	1007									
01.00	1027									
02.00	1100									
03.00	1174									
04.00	1254									
05.00	1332									
06.00	1408									
07.00	1488									
Total Intake				Total Output		No. of Vomits		No. of Stools		
Intravenous.....1488ml				Oral.....ml		Urine		Aspir ⁿ		
+ 220 morphine						x 1 ml				
24 - Hour INTAKE					24 - Hour OUTPUT					