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.

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.	

AS - ROYAL

055-009-015

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 22.3.94

Weight.....Kg

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

Colostomy feeds as per dietsheet.

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
06.00										
00										
10.00										
11.00										
12.00										
13.00					T Feed	250ml	Pll		30	
14.00										
15.00										
16.00 30					T Feed	250ml	Pll		30	
17.00										
18.00 30					T Feed	250ml				
19.00										
20.00							Pll			
00	N.G feed.									
00										
00										
00		768								
00		1022								
2 00										
3 00										
4.00										
5.00										
6.00										
7.00										

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

AS - ROYAL .....ml

24 – Hour OUTPUT 055-009-016 .....ml