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		~~NORMAL~~						
2	500 mls	0.18% NaCl 4% Dextrose		50 mls/hr.			Hodges	
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.	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 17-11-93

Weight 12·4 Kg

Name	D.O.B.	Hosp. No.
Adair		
SAdair		

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				C/L
09.00										
10.00										
11.00										
12.00										
13.00										
14.00										
15.00					T'feed	200	PU			
16.00	I.V. fluids									√ gfeed
17.00		26.								√ gfeed
18.00		76								√ gfeed
19.00		126			T feed	200	PU++	med.		
20.00										
21.00							PU+T			
22.00			Continous feeds.							√
23.00		327		130.						√ Passed
24.00		376		193						√ Gradual
01.00		430		262						Explain
02.00		483		331						√ Explain
03.00		534		400.						√ Explain
04.00			SW							
05.00			YN							Explain
06.00		685		500						Explain
07.00		748					PUTT	Small		

Total Intake		Total Output			
Intravenous 748 ml	Oral 500 ml	Urine ..... ml	Aspirⁿ ..... ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE ..... ml

24 – Hour OUTPUT ..... ml

WHC 268/08 1795