ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Shee

Date 3.9.94

Weight.....Kg

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

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00										
09.00					T'Feed	250mls	PUT			
10.00										
11.00										
12.00					T'Feed	250mls				
13.00										
14.00										
15.00										
16.00										
17.00					T'feed	200mls	PU		B/O	
18.00										
19.00										
20.00					T'feed	250mls	PU		B/O	
21.00										
22.00	T'feeds @ 170mls/hr									
23.00										
24.00	—	332								
01.00 3Φ		515								
02.00		698								
03.00										
04.00										
05.00										
06.00		1036								
07.00		NG feed Soon								

Total Intake		Total Output			
Intravenous 1036 4 ml	Oral.....ml	Urine	Aspir^{n}	No. of Vomits	No. of Stools
		.....ml	.....ml	.....	.....

24 – Hour INTAKE NS — 1036 4 .....ml

24 – Hour OUTPUT .....ml