ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 2.9.94

Weight.....Kg

Name Adam Strain

D.O.B.

Hosp. No.

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00										
09.00										
10.00										
11.00										
12.00										
13.00					500mls					
14.00										
15.00										
16.00										
17.00										
18.00										
19.00							PUT			
20.00					T/Feed	250mls				
21.00										
22.00										
23.00										
24.00							PUT		30	
01.00										
02.00						769				
03.00						874				
04.00						1019				
05.00										
06.00										
07.00						1538				

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

24 – Hour INTAKE .....ml

24 – Hour OUTPUT .....ml