

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 23-8-94

Weight.....Kg

Name

D.O.B.

Hosp. No.

Adam

Stearns

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
18.00										
19.00										
20.00										
21.00										
22.00										
23.00										
24.00										
01.00										
02.00										
03.00										
04.00										
05.00						500ml				
06.00										
07.00					T'feed.	250	PJ		BND	
08.00										
09.00										
10.00					T'Feed	250ml	PJTT			
11.00										
12.00										
13.00										
14.00										
15.00										
16.00										
17.00										
18.00										
19.00										
20.00										
21.00										
22.00										
23.00										
24.00										
01.00										
02.00										
03.00										
04.00										
05.00										
06.00										
07.00										

Total Intake				Total Output			
Intravenous.....ml		Oral.....ml		Urine		Aspir ⁿ	
				ml		ml	

24 - Hour INTAKE

.....ml

24 - Hour OUTPUT

.....ml

Name..... Date...../...../..... Hosp. No..... Wt.....Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME		Prescribed by	ERECTED BY
					Start	Finish		
1								
2								
3								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

<u>TOTAL VOL.</u> Per.....Hrs.mls.mls/kg		<u>TOTAL ENERGY</u>kcal kcal/kg			
<u>PROTEIN</u>		<u>DEXTROSE</u>	Conc.	<u>FAT</u>	Conc.
Vol.	Cals.	Vol.	Cals.	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.	