

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

FLUID BALANCE

Name Quinn, Patrick Hospital No. 3 Date 28.11.5 D.O.B. 4.8.91

TIME	INPUT										OUTPUT									
	INTRAVENOUS										ASP/VOMIT		URINE		STOOL	DR 1		DR 2		CL DR 3
	Amt.	Total	Amt.	Total	Amt.	Total	Amt.	Total	Amt.	Total	Amt.	Total	Amt.	Total	Lev.	Total	Lev.	Total	Lev.	Total
09.00	72	53	16	1	27	2	14	2	3				80	80						
10.00	22	103	15	2	25	4	12	4	8		80	80	200	280						
11.00	1	1	1	1	24	5	1	1	1		1	1	1	1						
12.00																				
13.00																				
14.00																				
15.00																				
16.00																				
17.00																				
18.00																				
19.00																				
20.00																				

Intravenous Total	
Oral Total	
DAY TOTAL INTAKE	

Urine output	
Other output	
DAY TOTAL OUTPUT	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

FLUID BALANCE

Name Hospital No. Date D.O.B.

TIME	INPUT										OUTPUT										
	INTRAVENOUS										ASP/VOMIT		URINE		STOOL	DR 1		DR 2		DR 3	
											Amt.	Total	Amt.	Total		Amt.	Total	Amt.	Total	Amt.	Total
21.00																					
22.00																					
23.00																					
24.00																					
01.00																					
02.00																					
03.00																					
04.00																					
05.00																					
06.00																					
07.00																					
AS - ROYAL																					

057-01

AS - ROYAL

Intravenous Total	
Oral Total	
NIGHT TOTAL INTAKE	

Urine output	
Other output	
NIGHT TOTAL OUTPUT	

057-017-024

Weight.....

INTRAVENOUS FLUID PRESCRIPTION SHEET

mls/kg.....

	Amount ml	Type of Fluid	Name and Amount of Additives	Rate ml/hr	Time Start	Time Finish	Prescribed by (Signature)	Erected by
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

NUTRITION PRESCRIPTION

ENTERAL FEEDS				
Type	Vol.	Freq.	Total	Cals.

Day of regime.....

PARENTERAL NUTRITION

SOLUTION	%	VOL	CALS	N _G	CHO _G	FAT _G	Na	K	Ca	Mg	PO ₄	VITAMINS	TRACE ELEMENTS	OTHER ADDITIVES	ENERGY CAL/ml	N/CAL RATIO
TOTAL INFUSED																
TOTAL per kg																

24 HR. INTAKE

FLUID		
BLOOD		
PLASMA		
	INTRAVENOUS	
	ORAL	
	TOTAL	

24 HR. OUTPUT

URINE	
ASPIRATION	
DRAINAGE	
TOTAL	