ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 14/7/95

Weight .... Kg

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

TIME (hr)	INTAKE: INTRAVENOUS 1 Level	Amount	2 Level	Amount	ORAL Fluid	Amount	OUTPUT: Urine	Aspirate or Vomit	Stool	Comment
[illegible]										
09.00										
10.00										
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
15.00	30 [illegible]	[illegible]								✓ [illegible]
16.00	✗	27 - ↑ [illegible]								✓ [illegible]
17.00		74			↑ feed	200.				
18.00		104								✓ [illegible]
19.00		158								
20.00		199.								
2[illegible]										
22.[illegible]										
23.00										
24.00										
01.00										
02.00										
03.00										
04.00										
05.00										
06.00										
07.00										

Total Intake

Intravenous .... ml

Oral .... ml

Total Output

Urine .... ml

Aspir[n] .... ml

No. of Vomits ....

No. of Stools ....

24 – Hour INTA[illegible] .... ml

AS - ROYAL

24 – Hour OUTPUT .... ml

057-048-082

Name Adam Strain. Date 14/7/95 Hosp. No 562377 Wt..... ...Kgs.

INTRAVENOUS FLUID PRESCRIPTION CHART

	AMOUNT (mls)	TYPE OF FLUID	NAME and AMOUNT of ADDITIVES	RATE mls/hr	TIME Start Finish	Prescribed by	ERECTED BY
1	20mls	(N)Saline		40mls		CM	Vcadde
2	1Unit	RBCs		40mls		CM	Vcadde
3	20mls	(N)Saline.		40mls		CM	
4							
5							

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL.	TOTAL ENERGY
Per.....Hrs. .....mls. .....mls/kg	.....kcals .....kcals/kg

ROTEIN	DEXTROSE	FAT
Vol. Cals.	Conc. Vol. Cals:	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.	

[redacted]

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 7/7/95

Weight 18.9 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				
					Fasting for CT Scan		PCC			
09.00										
10.00										
11.00										
12.00					T feed	200mls				
13.00					FASTING		PCC			
14.00										
15.00										
16.00							PUT			BM-18.9kg
17.00							1			
18.00 30					T feed	200mls	PUT		BNO	
19.00					Rice	few mouthfuls				
20.00										
					T fed	200mls				
22.00							PU			
23.00										
24.00										
01.00										
02.00										
03.00								LARGE		
04.00										
05.00										
06.00										
07.00		Tube feed 150					PUT		LOOSE	

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

24 – Hour INTAI **AS – ROYAL** .....

24 – Hour OUTPUT .....ml

057-048-084

[redacted]

[redacted]

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								
2								
3								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL.	TOTAL ENERGY
Per.....Hrs. .....mls. .....mls/kg	.....kcals .....kcals/kg

PROTEIN	DEXTROSE	FAT
Vol. Cals.	Conc. Vol. Cals.	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.	

AS - ROYAL

057-048-085

[redacted]

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 6/7/95

Weight 18.5 Kgs 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				
					Fasting for		PU		Loose	
10.00					Barium					
11.00										
12.00										
13.00					J feed					
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							PU	~~NBM~~	Loose	
03.00	Total Intake									
04.00										
05.00	1380				Fasting for CT scan					
06.00										
07.00							PU		Loose	

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

AS - ROYAL

057-048-086

[redacted]

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								
2								
3								
4								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL. Per.....Hrs. .....mls. .....mls/kg	TOTAL ENERGY .....kcals ..... kcals/kg

PROTEIN	DEXTROSE	FAT
Vol. Cals.	Conc. Vol. Cals.	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.	

AS – ROYAL

057-048-087

PNP94182-WNC768

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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 5-7-95

Weight 15½ 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										
10.00										
11.00										
12.00					Tfeed	200mls. Ry			Loose	
13.00										
14.00										
15.00										
16.00					Tfeed	200mls Ry.				
17.00										
18.00										
19.00										
20.00					Tfeed	200mls	PU		Loose	
21.00										
22.00	Tube feeds									
23.00										
00.00										
01.00										
02.00		496								
03.00										
04.00										
05.00		1118					PU	NBO	Loose	
06.00		1465								
07.00		1520								

Total Intake		Total Output			
Intravenous.....ml	Oral 60 .....ml	Urine .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE .....ml

24 – Hour OUTPUT .....

AS - ROYAL

057-048-088

Name..... Date...../...../7..... 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								
2								
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.	

AS – ROYAL

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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 4-7-95

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				
09.00									B/O	
10.00										
10.00										
11.00					T'Feed	200ml	PU			
12.00										
13.00										
14.00										
15.00										
16.00										
17.00					T'feed	200	PU		BNO	
18.00										
19.00										
20.00					T.feed	200 ml	PU		loose BO	
21.00										
22	Tube fed									
23.00										
24.00										
01.00										
02.00										
03.00							PU		30 loose	
04.00	1060									
05.00										
06.00										
07.00										

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 .....

AS - ROYAL

057-048-090

[redacted]

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								
2								
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.	

AS – ROYAL

057-048-091

WNC768

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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 2-7-95

Weight .....Kg

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

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
0(										
09.00							PU			
.0.00										
11.00					T. feed	200mls				
12.00							PU			
13.00										
14.00										
15.00					T FEED	200mls	PU			
16.00										
17.00										
18.00										
19.00							PU			
20.00										
2.00										
3.00										
4.00										
1.00										
2.00								SMALL		
3.00										
4.00								MED.		
5.00										
6.00										
7.00							PU +		30	

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

24 – Hour INTAKE .....ml

24 – Hour OUTPUT

..... 057-048-092

AS - ROYAL

[redacted]

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 Finish	Prescribed by	ERECTED BY
1							
2							
3							
4							
5							
6							

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL.	TOTAL ENERGY
Per.....Hrs. .....mls. .....mls/kg	.....kcals .....kcals/kg

PROTEIN	DEXTROSE	FAT
Vol. Cals.	Conc. Vol. Cals.	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.	

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057-048-093

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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 2.7.95.

Weight.....Kg

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

Bolus T feeds during day. Continuous O/Night

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00							PU		30	
09.00										
10.00					T feed	200				
11.00										
12.00										
13.00										
14.00/30					T feed	200mls	PU			
15.00										
16.00										
17.00							PU			
18.00										
19.00					T'FEED	200mls				
20.00			Cont Feeds.							
21.00							PU			
22.00										
23.00										
24.00										
01.00										
02.00										
03.00										
04.00										
05.00										
06.00			1500				PU +	-	60 4F	= +216.
07.00										

Total Intake		Total Output			
Intravenous.....ml	Oral 2100 ml	Urine 1615 ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE 2100 ml

24 – Hour OUTPUT ..... ml

057-048-094

AS - ROYAL

[redacted]

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 Finish	Prescribed by	ERECTED BY
1							
2							
3							
4							
5							
6							

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL. Per.....Hrs. .....mls. .....mls/kg	TOTAL ENERGY .....kcals ..... kcals/kg

ROTEIN 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.	

057-048-095

[redacted]

[redacted]

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 1st July '95

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				
0										
00										
10.00					Tfeed	200	PU		←	
11.00										
12.00										
13.00										
14.00					Tfeed 200		PU	Small	—	
15.00										
16.00							PU			
17.00	[redacted]									
18.00					Tfeed	200				
19.00							PU		BO	
20.00	1500	Tube feed overnight			T Feed	1500				
21							PU			
00										
23.00										
24.00								Small		
01.00										
02 00										
03.00										
04.00										
05.00	1212									
06.00										
07.00	1500						PU		BO	

Total Intake		Total Output			
Intravenous.....ml	Oral 2100ml	Urine X5 .....ml	Aspir^{n} .....ml	No. of Vomits X1	No. of Stools X1

24 – Hour INTAKE .....r

24 – Hour OUTPUT

[redacted]

Name..... Date...../...../T..... 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								
2								
3								
5								
6								

PARENTERAL NUTRITION PRESCRIPTION CHART

TOTAL VOL. Per.....Hrs. .....mls. .....mls/kg	TOTAL ENERGY .....kcals ..... kcals/kg	
IOTEIN 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.	

057-048-097

[redacted]

[redacted]

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 30-6-95

Weight .....Kg

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

3 x 200mls in daytime Tube feeds 1500 mls over night

TIME (hr)	INTAKE						OUTPUT			
	INTRAVENOUS				ORAL		Urine	Aspirate or Vomit	Stool	Comment
	1 Level	Amount	2 Level	Amount	Fluid	Amount				
08.00										
10.00					T feed	200	PU	Vomit		
11.00										
12.00										
13.00										
14.00					T feed	200	PU			
15.00										
16.00										
17.00										
18.00					T FEED	200	PU			
19.00								Small		
20.00					T feed	200mls				
21.00		T. feed					PU		30	
23.00										
24.00										
01.00										
02.00		695								
03.00										
04.00										
05.00										
06.00										
07.00		1500					PU ++			

Total Intake		Total Output			
Intravenous.....ml	Oral.....ml	Urine x5 .....ml	Aspir^{n} .....ml	No. of Vomits	No. of Stools .....

24 – Hour INTAKE 2300 ml

24 – Hour OUTPUT ..... ml

057-048-098

AS - ROYAL

[redacted]

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								
2								
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.	

057-048-099

PNP 93H027

AS – ROYAL

[redacted]

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Fluid Balance and I.V. Prescription Sheet

Date 29.6.95

Weight 18.2 kgs Kg

100.1 cms

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				
9.00										
10.00					T'Feed	200ml				
11.00										
12.00										
13.00					T'Feed	200ml				
14.00										
15.00										
16.00							PU			
17.00										
18.00					T'Feed	200ml	PU			
19.00										
20.00										
1.00										
00	T'Feed				T'Feed	241.		Vomit		1
23.00										
24.00										
01.00						654				
02 00										
03.00										
04.00										
05.00						1334				
06.00						1550	PU		BO	
07.00										

Total Intake		Total Output		No. of Vomits	No. of Stools
Intravenous.....ml	Oral.....ml	~~Urine~~ x 5 .....ml	Aspir^{n} .....ml	x 1	x 1

24 – Hour INTAKE 2150

24 – Hour OUTPUT

057-048-100

AS – ROYAL

[redacted]

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								
2								
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.	