ROYAL BELFAST HOSPITAL FOR [redacted]

Fluid Balance and I.V. Prescription Sheet

Date 18/10/95

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				
08.00					PTA					
09.00					FASTING.					
10.00										
11.00										
12.00										
13.00										
14.00										
15.00										
16.00					clear fluid					
17.00					T.feed 200.					
18.00										
19.00										
20.00										
21.00										
22.00										
23.00										
00.00										
01.00										
02.00										
03.00										
04.00										
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 .....ml			

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

[redacted]

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	
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.	

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