HOSPITAL FOR SICK CHILDREN

Name Lucy Crawford Hospital 461358 Date 13-4-00 D.O.B. 5-11-98

FLUID BALANCE Page 2

TIME	INPUT: Intravenous						OUTPUT: P/Vomit		Urine		Stool	DR 1		DR 2		DR 3	
	0.9 NaCl 2.5% Dex + KCl		Y2N Saline + 28% Dex (maintenance)		DDAVP		Y2N Saline + Dex 25% (Bolus)									Acetaz	
																Lev.	Tot.
09.00																	
10.00																	
11.00																	
12.00	150 93	57															
13.00			100	—	48	—	100	—									
14.00			48	102	45	3	—	100									
15.00			12 130 113	138 155	41	7											
16.00			73	195	33	11											
17.00			33	235	34	14											
18.00			30 130 80	232 278	30	18											
19.00			40	318	26	22											
20.00			20 110	338	23	25											

Intravenous Total	1183
Oral Total	—
DAY TOTAL INTAKE	1183

Urine output	680
Other output	—
DAY TOTAL OUTPUT	680

(+ ve from Eme)

Lucy Crawford 461358 Date 13-4-00 5-11-98

0.45% NaCl 2.5% Dex		DDAVP		Saline Infusion		Saline Replacement		Saline Replacement									ALA Sig
76	34	19	4	8	4			38	1					30	30		✓ ✓
140	70	15	8	50	7			37	2					36	66		✓✓
95	95	10	13	47	10			36	3					25	91		✓✓
65	125	7	16	44	13			35	4					20	111		✓✓
150	170	3	20	41	16			34	5					18	129		✓✓
		3/50	21														
128	192	49	22	38	19			33	6					36	165		✓✓
95	225	48	23	35	22			32	7					27	192		✓✓
64	256	46	25	32	25			31	8					16	208		✓
32	288	45	24	31	26			30	9					7	215		
25 100	305																
75	330					N Saline		29	10					13	228		✓✓
55	350					150	—										
						130	20	28	11					20	248		✓✓
150	350					126	24										
135	365							27	12					17	265		

Intravenous Total	451
Oral Total	
NIGHT TOTAL INTAKE	451

Urine output	265
Other output	
TOTAL OUTPUT	265

PLASMA

INTRAVENOUS

ORAL

FLUID BALANCE

7-00 ..... D.O.B. 5-11-98 . Page 3

CH 461358

TIME	INTRAVENOUS: 0.9% NaCl		Dopamine		Adrenaline		CVP		Arterial		0.9% NaCl + Sod. Bic		KCL infusion		OUTPUT: ASP./VOMIT Amt.	Total	URINE Amt.	Total	STOOL	DR 1 Lev.	Total	DR 2 Lev.	Total	DR 3 Lev.	Total
09.00	140	—	47.5		48	—	48	—	3	—							720 Emptied	from urib							
	60	140	47	.5																					
10.00	180	360			.5 mg/kg/hr 46	2	47	1	3	3	120	—	47.5	—	—	—	75	75						—	—
	0	410																							
	50																								
11.00	150	438			42.5	5.5	46	2	3	6	33	87	46	1.5			DDAVP given 135	210							
	122	527																							
12.00	107	453			41	7	45	6	3	9	0	120	43	4.5			75 DDAVP 25	285 given 310							
13.00					39	9	45	6	3	12			38	9.5			125	435							
14.00							45	6	3	15			35	12.5			DDAVP 60	Pinfusion. 495							
15.00							44	7	3	18			31	16.5			27	522							
16.00							43	8	3	21			27	20.5			26	548							
17.00							42	9	3	24			23	24.5			32	580							
18.00							41	10	3	27			18	29.5			45	625							
19.00							40	11	3	30			15	30.5			35	660							
20.00							39	12	3	33			12	35.5	—	—	20	680	800						

Intravenous Total	1183
Oral Total	—
DAY TOTAL INTAKE	1183

Urine output	680
Other output	—
DAY TOTAL OUTPUT	680

(from Ene)

Lucy Crawford 461358 Date 13-4-00 5-11-98

0.45% NaCl + 2.5% Dex		DDAVP		Pinfusion		CVP Drainage											
76	34	19	4	8	4	38	1			30	30	✓	✓				
40	70	15	8	5/50	7	37	2			36	66	✓	✓				
95	95	10	13	47	10	36	3			25	91	✓	✓				
65	125	7	16	44	13	35	4			20	111	✓	✓				
150	170	3	20	41	16	34	5			18	129	✓	✓				
		3/50	21														
128	192	49	22	38	19	33	6			36	165	✓	✓				
95	225	48	23	35	22	32	7			27	192	✓	✓				
64	256	46	25	32	25	31	8			16	208	✓					
32	288	45	24	31	26	30	9			7	215						
25	305																
100																	
75	330					N saline	29	10		13	228	✓	✓				
55	350																
						150 —											
						120 20	28	11		20	248	✓	✓				
150	350					126 24											
135	365						27	12		17	265						

Intravenous Total	451
Oral Total	
DAY TOTAL INTAKE	451

	265
	265

1600hrs – hrly input = 40mls/hr or urine output if greater (plus infusions extra) 2/3 maintenance = 26mls/hr

1800hrs – hrly input as above plus infusions.

Weight 9.8kgs

INTRAVENOUS FLUID PRESCRIPTION SHEET

mls/kg ..... Page 4

CH 461358

	Amount ml	Type of Fluid	Name and Amount of Additives	Rate ml/hr	Time Start	Time Finish	Prescribed by (Signature)	Erected by
1	100mls	N/Saline	15mmol NaHCO3	over 30mins			LMC	F. McCrudden
2	50mls	N/Saline	20mmol KCl	0.4ml/kg = 3.92 mls/hr			LMC	F. McCrudden
3	~~50~~	~~N/Saline~~		~~21mls/hr~~			LMC	Bmurphy
4	50	N/Saline	2.9mg adrenaline	2mls/hr			LMC	Bmurphy
5	500	N/Saline	25001.U. heparin	3mls/hr			LMC	
6	50	N/Saline	250 I.U	1ml/hr			LMC	
7	500mls	0.45% NaCl 2.5% Dextrose	+ 20 mmol KCl	Previous line venue output — 10ml/hr				Bmurphy
8	50mls	~~DDAVP~~ NSALINE	3.9 mcg DDAVP	4mls				Bmurphy
9	100mls	½ NSALINE/2.5% dextrose		200mls				Bmurphy
10	500 mls	½ NSaline/2.5% Dextrose		32 mls/hr				
11	50 mls	N/Saline	20 mmol KCl	3 mls/hr				
12	50 mls	N/Saline	3.9 mcg DDAVP	4 mls/hr				M. Preston
13	500 mls	N/Saline		39 mls/hr				
14	500 mls	½ NSaline/2.5% Dextrose		39 mls/hr				S Dalzell

NUTRITION PRESCRIPTION

Nil.

ENTERAL FEEDS				
Type	Vol.	Freq.	Total	Cals.

PARENTERAL NUTRITION

Day of regime.....

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	1634
	ORAL	
	TOTAL	1634

24 HR. OUTPUT

URINE	945
ASPIRATION	
DRAINAGE	
TOTAL	945

061-002-004

LC-Royal

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

CH 461358

FLUID BALANCE

Page 5

Name Lucy Crawford Hospital No. 461358 Date 14/4/00 D.O.B. 5/11/98

TIME	INPUT – INTRAVENOUS: 0.45% Saline	2.5% Dex	CVP Heparin												OUTPUT: ASP./VOMIT Amt.	ASP./VOMIT Total	URINE Amt.	URINE Total	STOOL	DR 1 Lev.	DR 1 Total	DR 2 Lev.	DR 2 Total	DR 3 Lev.	DR 3 Total
09.00	74	61	26	1													50	50							
10.00	48	87	25	2													48	98							
11.00	20 / 150	107	24	3													17	115							
12.00	80	177	23	4													17	132							
13.00																									
14.00																									
15.00																									
16.00																									
17.00																									
18.00																									
19.00																									

Intravenous Total	
Oral Total	
DAY TOTAL INTAKE	

Urine output	
Other output	
DAY TOTAL OUTPUT	

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	