INPUT

TIME	NPU 0.9%	Amt Lepsal	CVP Lepsal	INTRAVENOUS		
9.00						
0.00						
1.00	24	3	3			
5.00	69	3	6			
6.00	104	3	9			
7.00		3	12			
8.00	49	3	15			
9.00	225	3	18	48	–	
0.00	254	3	21	47 / 45	1 / 3	

+240

Intravenous Total	518
Oral Total	
DAY TOTAL INTAKE	518

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
		Nil bags	1340							
		120	1460							
		60	1520							
		28	1548							
		42	1590							
		75	1665							
		22	1687							
		18	1705							

Urine output	1705
Other output	
DAY TOTAL OUTPUT	1705

-ve 1183mls.

RF – ROYAL

063-026-057

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

FLUID BALANCE

Name Rachel Ferguson Hospital No. 476558 Date 9/6/01 D.O.B. 4/2/92

INPUT

TIME	0.9% NaCl	CVP Lepsal	Art Lepsal	INTRAVENOUS 0.9% +KCL			
1.00	45	41 -5	3.5	3	3		
2.00	78	39	6	3	6		
3.00	108	36 -5	8 -5	3	9		
4.00	143	33 -5	11 -5	3	12		
5.00	189	30	15	3	15		
6.00	221	27 -5	17 -5	3	18		
7.00	255	OFF	17 -5	3	21		
8.00	298			3	24	–	0
9.00				3	27		26
0.00				3	30		84
1.00				3	33		111
2.00				3	36		151

Intravenous Total	499.5
Oral Total	NIL
NIGHT TOTAL INTAKE	499.5

OUTPUT

ASP./VOM. Amt.	ASP./VOM. Total	URINE Amt.	URINE Total	STOOL	DR 1 Amt.	DR 1 Total	DR 2 Amt.	DR 2 Total	DR 3 Amt.	DR 3 Total
		44	44							
		40	84							
		120	204							
FREE DRAINAGE 60	60	60	264							
		70	334							
		(2hrs) 190	524							
		220	744							
		120	864							
		165	1029							
		45	1074							
		35	1109							

Urine output	1109
Other output	60
NIGHT TOTAL OUTPUT	1169

Ct

2/3 Maintenance = 43mls/hr

Weight 25 mls/kg

INTRAVENOUS FLUID PRESCRIPTION SHEET

	Amount ml	Type of Fluid	Name and Amount of Additives	Rate	Time Start	Time Finish	Prescribed by (Signature)	Erected by
1	500ml	N SALINE						
2	500ml	N SALINE	50 w hepain					
3	500ml	500 w h						
4	500ml	N SALINE	500 w hepain					
5	500mls	N Saline		37 mls/hr				
6	500ml	N SALINE	20 mmol KCl	37				
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	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	

24 HR. OUTPUT

URINE	
ASPIRATION	
DRAINAGE	

-Ve 1796.5 since admis

RF - ROYAL

063-026-058