ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Name Rachel Ferguson Hospital No. 476554 Date 0|06|01 D.O.B. 4|2|92

FLUID BALANCE

TIME	INPUT: INTRAVENOUS 0·9% NaCl + 1CCL.		CYP Hep		IA Hep		OUTPUT: ASP/VOMIT Amt.	Total	URINE Amt.	Total	STOOL	DR 1 Lev.	DR 1 Total	DR 2 Lev.	DR 2 Total	DR 3 Lev.	DR 3 Total
09.00	187	36	27		3	3			50	50							
10.00	228	67			3	6			15	65							
11.00	283	122			3	9			50	115							
12.00							30	30	40	155							
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	

063-027-059

RF - ROYAL

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Name ..... Hospital No. ..... D.O.B.

FLUID BALANCE

TIME	INPUT: INTRAVENOUS						OUTPUT: ASP/VOMIT Amt.	Total	URINE Amt.	Total	STOOL	DR 1 Amt.	DR 1 Total	DR 2 Amt.	DR 2 Total	DR 3 Amt.	DR 3 Total
1.00																	
2.00																	
3.00																	
4.00																	
.00																	
.00																	
.00																	
.00																	
.00																	
.00																	
.00																	

Intravenous Total	
Oral Total	
NIGHT TOTAL INTAKE	

Urine output	
Other output	
NIGHT TOTAL OUTPUT	

Pg

Weight.....

INTRAVE[illegible] 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								

063-027-060

RF – ROYAL

NUT[illegible] PRESCRIPTION

ENTERAL FEEDS				
Type	Vol.	Freq.	Total	Cals.

Day of regime.....

PARENTERAL NUTRITION

SOLUTION	%	VOL	CALS	N_G	CHO_G	FAT_G	[illegible]	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	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

FLUID BALANCE

Name Rachel Ferguson Hospital No. 476584 Date 10/06/01 D.O.B. 4/2/92

TIME	INPUT: INTRAVENOUS						OUTPUT: ASP./VOMIT		URINE		STOOL	DR 1		DR 2		DR 3	
	0-9% Nacl + ICCL.		CYP Hep		IA Hep		Amt.	Total	Amt.	Total		Lev.	Total	Lev.	Total	Lev.	
09.00	187	36	27		3	3			50 15	50 65							
10.00	228	67			3	6			50	115							
11.00	283	122			3	9	30	30	40	155							
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: INTRAVENOUS						OUTPUT: ASP./VOMIT		URINE		STOOL	DR 1		DR 2		DR 3	
							Amt.	Total	Amt.	Total		Amt.	Total	Amt.	Total	Amt.	To
21.00																	
22.00																	
23.00																	
24.00																	
01.00																	
02.00																	
03.00																	
04.00																	
05.00																	
06.00																	
07.00																	
8.00																	

Intravenous Total	
Oral Total	
NIGHT TOTAL INTAKE	

Urine output	
Other output	
NIGHT TOTAL OUTPUT	

063-027-061

RF - ROYAL

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								

063-027-062

RF – ROYAL

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	
SPIRATION	
AINAGE	
TOTAL	