ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

FLUID BALANCE

Name CLAIRE ROBERTS Hospital No. 328770 Date 23-10-96 D.O.B. 10-1-87

TIME	INPUT														OUTPUT											
	INTRAVENOUS														ASP./VOMIT		URINE		STOOL	DR 1		DR 2		DR 3	
	N/SALINE		CVP HEPSAL		ART LINE HEPSAL		DOBAMINE		PERT FELL		HMF		ORAL		Amt.	Total	Amt.	Total		Lev.	Total	Lev.	Total	Lev.	Total
09.00	130	20	3	3	3	3	31	4	45	5	150 50 150	150 200 350					300	300					✓		
10.00	100	50	3	6	3	6	26	9	40	10	150 150 105	500 650 755					320	620					✓		
11.00	85	75	3	9	3	9	21	14	36	14	45 T	800	34	-			270 145	890 1035					✓		
12.00	47	110	3	12	3	12	16	19	33	17			34	-	45	45	280	1313					✓		
13.00	17	140	3	15	3	15	11	24	29	21	150	800	33	1			90	1403					✓		
14.00	2/150	155	3	18	3	18	6	29	24	26	0/50	950	32	2			65	1468					✓✓		
15.00	128	184	3	21	3	21	5/49 45	31	20	36	0	1000	31	3			2	1470					✓		
16.00	92	223	3	24	3	24	40	36	16	34			29	5			NIL	1470					✓		
17.00	60	253	3	27	3	27	35	41	12	38			27	7			-	1470					✓		
18.00	20	293	3	30	3	30	30	46	4	46			25	9			-	1470					✓		
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														OUTPUT											
	INTRAVENOUS														ASP./VOMIT		URINE		STOOL	DR 1		DR 2		DR 3	
															Amt.	Total	Amt.	Total		Amt.	Total	Amt.	Total	Amt.	Total
21.00																									
22.00																									
23.00																									
24.00																									
01.00																									
02.00																									
03.00																									
04.00																									
05.00																									
06.00																									
07.00																									
08.00																									

Intravenous Total	
Oral Total	
NIGHT TOTAL INTAKE	

Urine output	
Other output	
NIGHT TOTAL OUTPUT	

(70% (meant) 47 ml/hr

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	200ml	HPPF		over 10 min				N. Wecker
2		CVP Heptal		3				
3		ART. Heptal		3				
4	50 ml	(N) Saline	Dopamine 375mg	5				Klycon N.Wecker
5	500 ml	(N) Saline		32				N. Wecker
6	50 ml	5% dextrose (N) Saline	KCL 20mmol	4				
7	39ml ~~40ml~~	(N) Saline	DESMO PRESSIN 4 µg	1				N. Wecker
8	600 ml	HPPF		over ~ 1 hr				N.Wecker Klycon
9	200 ml	HPPF		over 30 min				S Kennoway Klycon
10	500 ml	NO-18 ~~saline~~		32				
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	

OS 4418