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		Lev.	Total	Lev.	Total	Lev.	Total
09.00																								
10.00																								
11.00																								
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 Blaine Roberts Hospital No. 328770 Date 22.10.96 D.O.B. 10.01.87

TIME	INPUT												OUTPUT											
	INTRAVENOUS												ASP./VOMIT		URINE		STOOL	DR 1		DR 2		DR 3	
	Mannitol		Dopamine		Cerebral Hepsol		Hepsol		5% Hepsol				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	125	-	46	-									105	105	NWCT 90	90								
05.00		115			3	-	3	-							320	410								
06.00			41	5	3	3	3	3							220	630								
07.00			40	6 / 45 / 40 11	3	6	3	6																
08.00			35	16.	3	9	3	9.	150	-					185	815								
															300	1115								

Intravenous Total	159
Oral Total	
NIGHT TOTAL INTAKE	159.

Urine output	815
Other output	105
NIGHT TOTAL OUTPUT	920

70% maintainence = 47ml/h

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	125ml	10% Mannitol		~~Keep~~ 500 ml/hr				
2	50ml	N Saline	375mg Dopamine	1-4ml/hr				
3	50	Dextrose 5%.	20 mmol KCl	0-8.				
4	~~500~~	~~Dextrose 4% Saline 0.18%.~~						
5	500ml	N Saline		47ml/hr				
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	

OS 4418