

First Name: _____	Gender: _____
Surname: _____	
<b>AFFIX PATIENT LABEL HERE</b>	
Date of Birth: _____	NHI#: _____
Ward/Clinic: _____	Consultant _____

<b>Fluid Balance Record (24 hours)</b>	<b>Date: _____</b>
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Time Prescribed	Fluid to be given and instructions	Volume ml	ml per hour	Prescriber Name and Signature	Signature of Administrators
	0.9% Sodium Chloride + 5% Dextrose	1000			
	Rate: <input type="checkbox"/> 15mL/kg/hr OR				
	<input type="checkbox"/> 20mL/kg/hr				
	Consider: <input type="checkbox"/> Add 15mmol KCL				

Code for output

**A** = Aspiration, **B** = Bile, **BM** = Bowel Motion, **V**=Vomit, **NG** = Nasogastric, **BL** - Blood Loss, **F** = Fistula, **S** = Stoma

INTAKE			OUTPUT											
Start time	Site/fluid check	Fluid given	Intravenous			Oral/Gastric			Urine			Other		
			Start level	Volume given	Running total	Start level	Volume given	Running total	Time	Volume	Running total	Code	Volume	Running total
<b>24 HOUR TOTAL</b>			<b>INTAKE</b>				<b>OUT PUT</b>							

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