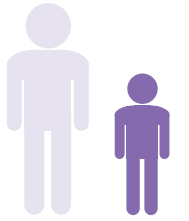


Daily Fluid Balance & Prescription Chart

Child



Up to 16th birthday

Write in CAPITAL LETTERS or use addressograph

Surname: _____
 First names: _____
 Consultant: _____ Ward: _____
 Hospital no: _____ DOB: _____
 Health and Care no: _____

Check identity

Hospital _____
 Ward _____
 Date _____

February 2017

Special Instructions:

FLUID INPUT (ml)

FLUID OUTPUT (ml)

	ENTERAL FLUID				INTRAVENOUS FLUID & MEDICINES*								URINE		BOWEL						COMMENTS								
	ORAL		by TUBE		No. 1 Site		No. 2 Site		No. 3 Site		No. 4 Site		Hourly Amount IN	Grand Total IN	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Hourly Amount OUT	Grand Total OUT	Overall Balance	Blood Sugar	Initials
	Fluid Type		Fluid Type		Fluid Type		Fluid Type		Fluid Type		Fluid Type																		
	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	
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INTAKE					OUTPUT						
8am	Day	8pm	Night	8am	Total	8am	Day	8pm	Night	8am	Total
Liquid						Urine					
Enteral						Bowel					
Intravenous**						Other					
Grand Total IN						Grand Total OUT					

**Include daily cannulae flush volumes

24 hour Fluid Balance (ml)
 Balance

CHILD

Write in CAPITAL LETTERS or use addressograph

Surname: _____

First names: _____

Consultant: _____ Ward: _____

Hospital no: _____ DOB: _____

Health and Care no: _____

Check identity

Yesterday's Date _____

Grand total in	Grand total out	Balance

Weight _____ kg Weighed / /

Weight Change _____ kg Estimated

Date	Time	Weight (kg)	Na (mmol/L)	K (mmol/L)	Urea (mmol/L)	Creatinine (micromol/L)	Glucose (mmol/L)	Chloride (mmol/L)	Bicarbonate (mmol/L)

Clinical signs of dehydration

Degree of Dehydration	Signs are ordered in each column by severity
Moderate, 5%	Dry mucous membranes (be wary in the mouth breather) Diminished skin turgor (pinch test 1-2 sec) Altered neurological status (drowsiness, irritability) Deep (acidotic) breathing
Severe, 8%	Decreased peripheral perfusion Cool/mottled/pale peripheries Capillary refill time > 2 sec Circulatory collapse

Do not use more than 8% dehydration in calculation.

Calculation guidance for intravenous therapy for term neonates and children under 16 years

based on Parenteral Fluid Therapy Wallcharts - December 2016 and NICE NG29 - 12/2015

RESUSCITATION = B

Fluid bolus volume for shocked patients = I

Required Bolus volume (ml) = body weight (kg) x 20 for child:
but if the setting is trauma or DKA x 10

Give over less than 10 minutes

x 10-20 for term neonate

= I ml
= I ml

Record this bolus volume I (ml) in prescription box below and identify this fluid bolus volume with letter B

Use only Glucose-free crystalloids (with sodium content 131-154 mmol/L) - repeat if necessary - REASSESS - call for senior help

For DKA use separate prescription protocol.

REPLACEMENT: REDISTRIBUTION

Fluid deficit calculations (maximum 8%) = D

% of dehydration _____ x bodyweight in kg _____ x 10

Amount given as fluid bolus volume

Residual deficit (II minus I)

Give residual Deficit over 48 hours (III divided by 48)

Prescribe the calculated Maintenance and Deficit fluids individually.

= II ml
= I ml
= III ml
= IV ml/hr

Additional ongoing losses volume (e.g. vomiting, diarrhoea, drainage) = Q

Calculate at least every 4 hours (unless otherwise instructed)

Replace Q ongoing lost volume with an equal volume of fluid (usually sodium chloride 0.9% +/- KCL)

= V ml

ROUTINE MAINTENANCE = M

Maintenance Fluid - in females > 40kg max 2000 ml/day, in males > 60kg max 2500 ml/day (equivalent to 80 & 100 ml/hour respectively)

From birth → day 1 2.0 - 2.5 ml/kg/hr
Day 2 3.0 - 3.3 ml/kg/hr
Day 3 3.3 - 4.0 ml/kg/hr
Day 4 4.0 - 5.0 ml/kg/hr
Day 5 → 28 5.0 - 6.3 ml/kg/hr

Term Neonate

= VI ml/hr

First 10kg: 4ml/kg/hr

Second 10kg: 2ml/kg/hr

For each kg over 20kg: 1ml/kg/hr

Child

= VI ml/hr

= VII ml/hr

= VIII ml/hr

Maintenance total for Term Neonate = VI: Child = (VI+VII+VIII)

= IX ml/hr

= IX ml/hr

If risk of hyponatraemia is high, consider restricting fluids to 50-80% of routine maintenance needs.

Indications - all that apply: Fluid Bolus volume, Deficit, Ongoing loss volume, Maintenance, Drug Prescription

*Medicines must be recorded in Drug Kardex

** Model name, Serial number.

↓	Date	Time	Volume	Infusion Fluid/Type	Additives*	Rate ml/hr Range	Prescriber's Signature	Administered By	Checked By	Batch/Lot No. and Expiry Date	Pump Details**	Start Time	Finish Time	Volume Given
				(a)										
				(b)										
				(c)										
				(d)										
				(e)										
				(f)										
				(g)										
				(h)										
				(i)										
				(j)										

REASSESSMENT	Date	Time	Is infusion prescription still suitable?	Doctors Signature
12 hour Reassessment			Yes or No	
			Yes or No	

Is patients hydration improving?
Are oral fluids now appropriate?
Is potassium needed?
What about Urine output?

Special Instructions: