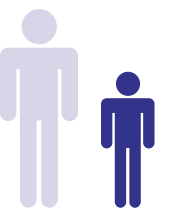


Daily Fluid Balance & Prescription Chart

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 _____

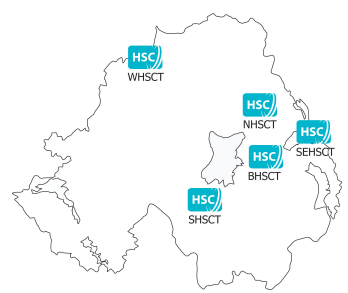
June 2014

Special Instructions:

FLUID INPUT (ml)

FLUID OUTPUT (ml)

	ORAL FLUID				INTRAVENOUS FLUID & MEDICINES*								URINE				BOWEL				COMMENTS		Hourly Amount OUT	Grand Total OUT	Overall Balance	Blood Sugar	Initials												
	LIQUID		ENTERAL		No.1 Site		No.2 Site		No.3 Site		No.4 Site																												
	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																			
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INTAKE				OUTPUT									
8am	Day	8pm	Night	8am	Day	8pm	Night	8am	Day	8pm	Night	8am	Total
Liquid				Urine									
Enteral				Bowel									
Intravenous**				Other									
Grand Total IN				Other									
				Grand Total OUT								24 hour Fluid Balance (ml)	
												Balance	

** Include daily cannulae flush volumes

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

Recent Weight _____ kg Weighed / /
 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)

Indications - all that apply: Fluid **B**olus volume, **D**eficit, **O**n-going loss volume, **M**aintenance, Drug **P**rescription

Date	Time	Volume	Infusion Fluid/Type	Additives *	Rate ml/hr Range	Prescriber's Signature	Administered By	Checked By	Batch/Lot No. & 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	

Calculation guidance for intravenous therapy for children over 4 weeks & under 16 years

based on Parenteral Fluid Therapy Wallchart for children and young people - May 2014

RESUSCITATION = B
Fluid bolus volume for shocked patients = I Given over less than 15 minutes.
 Required bolus volume (ml) = body weight (kg) x 20 = I ml
 but if the setting is trauma or DKA x 10 = I ml
 Record this bolus volume I (ml) in prescription box below and identify this fluid bolus volume with letter **B**
 Use only sodium chloride 0.9% - repeat if necessary - **REASSESS** - call for senior help

For DKA / neonates, use separate prescription protocols.

REPLACEMENT: REDISTRIBUTION
Fluid deficit calculations (maximum 8%) = D
 % of dehydration _____ x bodyweight in kg _____ x 10 = II ml
 Amount given as fluid bolus volume = I ml
 Residual deficit (II minus I) = III ml
 Give residual deficit over 48 hours (III divided by 48) = IV ml/hr
 Prescribe the calculated Maintenance and Deficit fluids individually.

Additional ongoing losses volume (e.g. vomiting, diarrhoea, drainage) = O
 Calculate at least every 4 hours (unless otherwise instructed)
 Replace lost volume with an equal volume of fluid (usually 0.9% saline +/- 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)
 First 10kg; 4ml/kg/hr = VI ml/hr
 Second 10kg; 2ml/kg/hr = VII ml/hr
 For each kg over 20kg; 1ml/kg/hr = VIII ml/hr
 Maintenance total (VI + VII + VIII) = IX ml/hr
 Consider reducing maintenance volume to 2/3 if risk of hyponatraemia is high. = IX ml/hr
 Prescribe the calculated Maintenance and Deficit fluids individually.

* Medicines must be recorded in Drug Kardex ** Model name, Serial number.

Special Instructions:

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