

CHC - IV FLUID CHART - *Trial*

Addressograph

Weight:kgs Working Weight (if applicable):kgs Date: Ward:

Time	IV Fluids / Medications								IV Hr Total	IV Total	PO / Enteral Feeds				IV / PO Total	Right Chest Drain 1			Left Chest Drain 2			Total	Urine Output			Total Urine	Total Output	BO	Replacements for.....losses		Total	Blood Sugar	IV Check* (Initials)						
	Rate of infusion / level of syringe				Amount actually infused hourly						PO/Ent	Hr Total	Gastric pH	Total		1° Drainage	24° Drainage	Level in bottle	1° Drainage	24° Drainage	Level in bottle		Hr	Total	Flush				Rate	Hr Total									
	1	2	3	4	1	2	3	4																															
18-19																																							
19-20																																							
20-21																																							
21-22																																							
22-23																																							
23-24																																							
24-01																																							
01-02																																							
02-03																																							
03-04																																							
04-05																																							
05-06																																							
24hr Total	• i.e insertion site, patency etc																																						

Solution 1:		ORDERS	Total Fluids / kg day:		Total fluids hourly:	Fluid Balance
Solution 2:			Specific Orders:			
Solution 3:			Feed Type +/- Additives:			
Solution 4:			Daily Balance:	neg/pos (please circle as appropriate)		
						+
						-