Write in CAPITAL LETTERS or use addressograph
Surname: ____________________
First names: ____________________
Consultant: ____________________ Ward: __________
Hospital no: ____________________ DOB: __________
Health and Care no: ____________________
Check identity

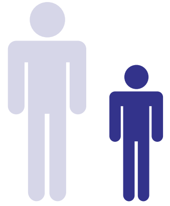
Daily Fluid Balance & Prescription Chart

Hospital ____________________
Ward ____________________
Date ____________________

June 2014

Special Instructions:

Child



Up to 16th birthday

FLUID INPUT (ml)

	ORAL FLUID				INTRAVENOUS FLUID & MEDICINES* *Include volume of infused medicines									
	LIQUID		ENTERAL		No.1 Site		No.2 Site		No.3 Site		No.4 Site		Hourly Amount IN	Grand Total IN
	Fluid Type		Fluid Type		Fluid Type		Fluid Type		Fluid Type		Fluid Type			
	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total		
08.00														
09.00														
10.00														
11.00														
12.00														
13.00														
14.00														
15.00														
16.00														
17.00														
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24.00														
01.00														
02.00														
03.00														
04.00														
05.00														
06.00														
07.00														

FLUID OUTPUT (ml)

	URINE		BOWEL						COMMENTS						
											Hourly Amount OUT	Grand Total OUT	Overall Balance	Blood Sugar	Initials
	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total					
08.00															
09.00															
10.00															
11.00															
12.00															
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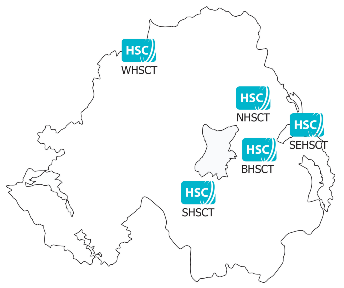

INTAKE	8am Day 8pm	Night 8am	Total
Liquid			
Enteral			
Intravenous**			
Grand Total IN			

** Include daily cannulae flush volumes

—

OUTPUT	8am Day 8pm	Night 8am	Total
Urine			
Bowel			
Other			
Other			
Grand Total OUT			

=

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

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 calculations.

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)

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.

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

* 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. & Expiry Date	Pump Details **	Start Time	Finish Time	Volume given
				ⓐ										
				ⓑ										
				ⓒ										
				ⓓ										
				ⓔ										
				ⓕ										
				ⓖ										
				ⓗ										
				ⓘ										
				ⓙ										

REASSESSMENT

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

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

Special Instructions: