Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Write particulars or affix identification label here

Surname:

First Name(s)

RIO No.:

NHS No.:

Fluid Balance Chart

Hospital: .....

Patient's weight: ..... Kg

Date: 24 hours from: to:

FLUID BALANCE

	INTAKE: ml			OUTPUT: ml		
Time	Oral	Intravenous	Other	Urine	Tube	Other

Allergies:

24-hour Intravenous / Subcutaneous Infusion and Additive Record

Date: ..... Patient's Name: ..... D.O.B.: ..... RIO No.: ..... NHS No.: .....

PRESCRIPTION									ADMINISTRATION RECORD				
Sequence No.	**Infusion Fluid***	**Route (IV / SC)**	**Volume (ml)**	**Drug Additive** (if applicable)	**Dose** (if appropriate)	**Duration (mins)**	**Rate (ml/min)**	**Doctor's Signature**	**Batch No. Expiry date**	**Solution prepared by**	**Checked by**	**Time Started**	**Changed / Stopped by**

*NaCl = 0.9% sodium chloride (IV or S/C) G = Glucose 5% (IV drug admin only)

USE CHART FOR 24-HOUR PERIOD ONLY