300

DATE OF BIRTH: 30.10. HOSPITAL NO: 910336E
FIRST NAME: EILEEN
ADDRESS: 56 MENZIES ROAD, GLASGOW, G21 3LY. MARITAL STATUS / OCCUPATION
HOSPITAL: W.O./DEPT: CONSULTANT:

I.V. THERAPY PRESCRIPTION SHEET

No. 1206

PLEASE WRITE OVER WHITE LETTERS

	DATE	FLUID (USE BLOCK LETTERS) / ADDITIVE DRUG	Vol. (ml) / Dose (mg)	Route of Admin.	Dur. of Admin. *	SIGNATURE	Serial No. / Batch No.	Time Begun	Given By / Added By
A	6/6/85	DEXT 5% + 80 MEQS KCL	500	IV	6 GTTS HRLY				
B	6/6/85	DEXT 5%	500	IV	6 GTTS HRLY				
C	6/6/85	HARTMANNS	500	IV					
D	6/6/85	Plasma	400	IV.			030684 2	20[a]	
E		Pk Dextrose 5% Plasma	500 ~~100~~	IV	40mls hourly			21[00]	
F	7/6/85	5% DEXTROSE NIPRIDE	500 ~~200mgs~~	IV				0030	
G	7/6/85	HARTMANNS SOL	500	IV				06[00]	
H		Dextrose 5% + KCl	500	IV				10[00]	
I	7/6/85	Dextrose 5% KCl	~~1 vial~~	IV.	6 gtts per hour		8504 15BB	24[00]	
K									
L									
M									
N									
O									

RATE OF FLOW (Drops/Min.) = **VOL. OF FLUID (ml) x 15** / Duration (Mins.) (1ml = 15 drops)

6.62

Approximate Rate for 500 ml.
1 hr. = 120 Drops/min. 6 hr. = 22 Drops/min.
4 hr. = 30 Drops/min. 8 hr. = 15 Drops/min.

SHEET NO.....

FB