



# RADIOLOGY INTERVENTIONAL RECOVERY WARD ADULT FLUID BALANCE CHART



Date:     /     /

Weight:

Surname: ..... NHI: .....  
 First Names: .....  
 Date of Birth: ...../...../..... Sex: .....  
 PLACE PATIENT ID HERE

Time	pH Aspirate	Input (mls)															RUNNING TOTAL	2 hrly Phlebitis score	Nurse's signature	
		Oral / enteral intake			Bolus (I/V) (pushed)			Line 1 (I/V)			Line 2 (I/V)			Line 3 (I/V)						
		Fluid type	Feeding Method (PO/NG/NJ/PEG)	Rate / amount	Total volume given	Fluid type	Volume given	Total volume infused	Fluid type	Rate	Total	Fluid type	Rate	Total	Fluid type	Rate				Total
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<b>8 hr total</b>																				

Time	Output (mls)					Running total
	Urine	Vomit / NG loss	Bowels / stoma	Drain(s)		
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01 <sup>00</sup>						
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**24 hr Input**

**24 hr Output**

**24 hr Balance (indicate + or -)**

INTRAVENOUS 'FLUID TYPE' ABBREVIATIONS			
• NS = 0.9% Saline	• FFP = Fresh Frozen Plasma	• IVM = IV medications	• D5 = 5% dextrose
• NSD = 0.9% Saline + 5% Dextrose	• IVAB = IV antibiotics	• D10 = 10% dextrose	• TPN = Aqueous
• Plt = Platelets	• Alb = Albumin	• LIP = Lipids	• RBC = Blood

PHLEBITIS SCORE:	0	1	2	3	4	5
IV SITE:	Site healthy	Slight: pain or redness	Two of: pain, redness or swelling	All of: pain, redness, swelling	All of 3 and: palpable venous cord	All of 4 and: exudate, thrombosis and/or pyrexia