



NH606582 130514



Instructions:

FAMILY NAME BUTTERWORTH

GIVEN NAMES WENDY

D.O.B. 15/03/46

M.O. FRANCESCA

MRN

0411817

MALE FEMALE

ADDRESS

ADULT FLUID ORDER

LOCATION / WARD VASCULAR WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Allergies/ADR:

Date (dd/mm/yyyy)	Fluid Type	Volume (mL)	Additive (dose/volume)	Rate (mL/hr)	Route	Prescriber's Name Print & Signature / pager No.	Date/Time Started	Date/Time Finished	Administered Print / Sign	Checked Print / Sign
12/06/18	N/SALINE	1000	—	125	IV	E. Goldberg. G-g.	12/06/18 1000	12/06/18 1800	GIBSON G	HANLON H
12/06/18	N/SALINE	1000	—	100	IV	E. Goldberg. G-g.	12/06/18 1800	13/06/18 0400	JACOBS. J	SCHMIDT. S
12/06/18	N/SALINE	1000	—	100	IV	E. Goldberg. G-g.	13/06/18 0400	13/06/18 1400	CROKER C	LEE L
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