



SMR120003



Health

Facility:

Instructions:

ADULT FLUID ORDER

FAMILY NAME **CAPTEZ** MRN **281196**

GIVEN NAMES **HELEN** MALE FEMALE

D.O.B. **30 / 09 / 31** M.O. **EMERGENCY DR.**

ADDRESS

LOCATION / WARD **EMERGENCY DEPARTMENT**

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
04/6/18	0.9% SODIUM CHLORIDE	1000	---	100	N	HUNT. <i>[Signature]</i>	4/6/18 0945	/ /	Gibson <i>[Signature]</i>	SMITH <i>[Signature]</i>
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