



SMR120003

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH606582 130514



Health

Facility:

Instructions:

FAMILY NAME **CARTER** MRN **2811196**

GIVEN NAMES **HELEN** MALE FEMALE

D.O.B. **30/09/31** MO. **DAVID ROHL**

ADDRESS

LOCATION / WARD **SURGICAL**

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

ADULT FLUID ORDER

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
04/08/08	N. SALINE	1000	-	50	IV	HUNT HUNT	04/08/18 945	5/08/18 0200	GIBSON Gibson	Smith Smith
05/08/08	N. SALINE	1000	-	50	IV	CW0 CW0	05/08/18 0700	1/1	HANSON Hanson	MALCOLM Malcolm
1/1							1/1	1/1		
1/1							1/1	1/1		
1/1							1/1	1/1		
1/1							1/1	1/1		
1/1							1/1	1/1		
1/1							1/1	1/1		
1/1							1/1	1/1		

ADULT FLUID ORDER 03-02-2008 03-6-2008 SMR120.003