



SMR120003

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

NH60562 130514



Facility:

Instructions:

FAMILY NAME HAMILTON
GIVEN NAMES JACKSON
D.O.B. 20/01/1990 M.O. EMERGENCY DE.
ADDRESS
LOCATION / WARD EMERGENCY DEPARTMENT
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

MRN 1704201

MALE FEMALE

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
04/06/18	0.9% SODIUM CHLORIDE	1000	—	Q4H	IV	D. HUNT <i>[Signature]</i>	4/6/18 0800	/ /	D. Mount <i>[Signature]</i>	L. Grant <i>[Signature]</i>
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ADULT FLUID ORDER 23-01-15-808M SMR120.003