



NH606582 130514



Instructions:

FAMILY NAME HAMILTON

MRN

1704201

Facility:

GIVEN NAMES JACKSON

MALE FEMALE

ADULT FLUID ORDER

D.O.B. 20/01/1990

M.O. EMERGENCY DR

ADDRESS

ADULT FLUID ORDER

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 |
|-------------------|----------------------|-------------|------------------------|--------------|-------|---|-------------------|--------------------|---------------------------|-------------------------|
| 04/06/18 | 0.9% SODIUM CHLORIDE | 1000 | — | Q4H | N | D. HUNT #2 | 4/6/18 0800 | / / | D. Mount M.A. | L. Grant [Signature] |
| 04/06/18 | 0.9% SODIUM CHLORIDE | 1000 | — | 125 | IV | D. HUNT #2 | / / | / / | | |
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