



NH606582 130514



Instructions:

FAMILY NAME **HANSEN**

GIVEN NAMES **ROSE**

D.O.B. **23 / 07 / 50**

M.O. **MILLS.**

MRN

**1707876**

MALE  FEMALE

Facility:

## ADULT FLUID ORDER

LOCATION / WARD **SURBUAC 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
27/05/18	N/SALINE	1000	—	100	IV	J. HANDFORD Hand.	27/5/18 0800	27/5/18 1800	RYDER Ryder	HANLON Hanlon
27/05/18	N/SALINE	1000	—	80	IV	J. HANDFORD Hand.	27/5/18 1800	28/5/18 0600	MILLER Miller	CRANE Crane
28/5/18	0.9% Sodium Chloride.	1L	/	80	iv.	James. James	28/5/18 0800	28/5/18 1830	GIBSON Gibson	MCDONALD Macdonald
28/5/18	HARTMANN'S	1000	—	80	IV	J. HANDFORD Hand.	28/5/18 1830	29/5/18 0700	MILLER Miller	CRANE Crane
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