



SMR120003



Health

Facility:

Instructions:

ADULT FLUID ORDER

FAMILY NAME **HUGHES**

GIVEN NAMES **KYLE**

MRN **0921543**
 MALE FEMALE

DOB **19/12/1949**

M.O. **DR WEST**

ADDRESS

LOCATION / WARD **CARDIOTHORACIC 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
17/7/18	NISAUNE	1000	—	125	IV	M. BAKER B.R.	17/7/18 1700	18/7/18 0100	GIBSON GIBSON	STANWELL STANWELL
17/7/18	HARTMANN'S	1000	—	100	IV	M. BAKER B.R.	18/7/18 0100	18/7/18 1100	HOOPER HOOPER	MILLS. MILLS.
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