



Health

Facility:

Instructions:

# ADULT FLUID ORDER

Allergies/ADR: *NONE*

FAMILY NAME *PIERCE* MRN

GIVEN NAMES *REBECCA*  MALE  FEMALE

D.O.B. *18/02/1971* MO. *DR* CR 021514

ADDRESS

LOCATION / WARD *SURGICAL WARD*

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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
<i>02/01/18</i>	<i>4 / Dex 1/5 NS</i>	<i>1000</i>	<i>-</i>	<i>100</i>	<i>IV</i>	<i>[Signature]</i> <i>C1202100</i>	<i>13:00</i>	<i>23:00</i>	<i>[Signature]</i>	<i>THOMAS</i>
<i>02/01/18</i>	<i>4 / Dex 1/5 NS</i>	<i>1000</i>	<i>-</i>	<i>100</i>	<i>IV</i>	<i>[Signature]</i> <i>C1202100</i>	<i>02/01/18</i>	<i>02/01/18</i>	<i>[Signature]</i>	<i>THOMAS</i>
<i>1/1</i>							<i>1/1</i>	<i>1/1</i>		
<i>1/1</i>							<i>1/1</i>	<i>1/1</i>		
<i>1/1</i>							<i>1/1</i>	<i>1/1</i>		
<i>1/1</i>							<i>1/1</i>	<i>1/1</i>		
<i>1/1</i>							<i>1/1</i>	<i>1/1</i>		
<i>1/1</i>							<i>1/1</i>	<i>1/1</i>		



Holes Punched as per AS2828.1: 2012  
 BINDING MARGIN - NO WRITING  
*WPO1-S2-CM10-FC*