



SMR120003

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

NH606562 130514



Health

Facility:

Instructions:

FAMILY NAME

RYAN

MRN

0428971

GIVEN NAMES

ARTHUR

MALE FEMALE

D.O.B.

08/10/53

M.O. DR. FRANCHESCA

ADDRESS

ADULT FLUID ORDER

LOCATION / WARD

VASCULAR 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
15/7/18	N/SALINE	1000	—	100	IV	GOLDBURG. C.g.	15/7/18 0800	15/7/18 1800	[Signature] K. TURNER	[Signature] R. MOSS
15/7/18	N/SALINE	1000	—	100	IV	GOLDBURG. C.g.	15/7/18 1800	16/7/18 0400	[Signature] J. SLATER	[Signature] T. PIPER
15/7/18	HARTMANN'S	1000	—	80	IV	GOLDBURG. C.g.	16/7/18 0400	16/7/18 1630	[Signature] R. LEWIS	[Signature] C. BECKETT
16/7/18	HARTMANN'S	1000	—	80	IV	GOLDBURG. C.g.	16/7/18 1630	17/7/18 0500	[Signature] J. SLATER	[Signature] T. PIPER
16/7/18	HARTMANN'S	1000	—	60	IV	GOLDBURG. C.g.	17/7/18 0500	17/7/18 2130	[Signature] R. LEWIS	[Signature] C. BECKETT
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ADULT FLUID ORDER

FC - 9040 - CS - 11PM

SMR120.003