Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NH606582 130514

SMR120003

NSW GOVERNMENT Health

Facility:

ADULT FLUID ORDER

Instructions:

FAMILY NAME THOMPSON	MRN
GIVEN NAMES EL?	☐ MALE ☐ FEMALE
D.O.B. 08 / 12 / 1993	M.O. EMERGENCY DR
ADDRESS	
LOCATION / WARD EMERGENCY DEPT.	

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
14/11/18	0.9% NaCl. Sodium Chloride	1000	—	QHH	I.V.	S. Smith	14/11/18 0800	/ /	D Dowling	D Grant
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		