



SMR120003

NH606582 130514



Health

Facility:

Instructions:

FAMILY NAME **TUCKER**

GIVEN NAMES **SIMON**

D.O.B. **24 / 08 / 61**

ADDRESS

MRN

**1608 846**

MALE  FEMALE

M.O. **EMERGENCY DR.**

## ADULT FLUID ORDER

LOCATION / WARD **EMERGENCY.**

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
17/05/18	0.9% SODIUM CHLORIDE	1000	---	125	IV	HUNT H-T	17/05/18 0945	/ /	Morrison Morrison	WALLACE W
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		
/ /							/ /	/ /		