



SMR120003

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NH606582 130514



Health

Facility:

Instructions:

FAMILY NAME

TUCKER

MRN

1608846

GIVEN NAMES

SIMON

MALE FEMALE

D.O.B.

24 / 08 / 61

M.O.

CROZIER.

ADDRESS

LOCATION / WARD

SURGICAL WARD.

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

ADULT FLUID ORDER

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.A.	17/05/18 0945	17/05/18 1800	Morrison M	WAGACE W
17/05/18	HARTMANN'S.	1000	—	100	IV	JOHNSTONE J	17/05/18 1800 0400	18/05/18 0400	MILLER M	Barber. B
17/05/18	HARTMANN'S	1000	—	80	IV	JOHNSTONE J	18/5/18 0400	18/5/18	shaw. S	MACKET. M
18/05/18	4% DEXTROSE 1/5 ALAINE	1000	—	80	IV	JOHNSTONE J	18/5/18 1630	19/5/18	MILLER M	Barber. B
18/05/18	4% DEXTROSE 1/5 ALAINE	1000	—	80	IV	JOHNSTONE J	19/5/18 0500	19/5/18 1730	shaw S	MACKET. M
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ADULT FLUID ORDER

WPA4_25_40PM

SMR120.003