



SMR120003

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

NH606582 130514



Health

Facility:

Instructions:

FAMILY NAME WATSON

GIVEN NAMES KAREN

D.O.B. 22/03/70

ADDRESS

MRN 0407123

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
21/05/18	ALBACINE	1000	---	125	IV	D. HUNT <i>[Signature]</i>	2/5/18 0930	/ /	HAMMOND <i>[Signature]</i>	SMITH <i>[Signature]</i>
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ADULT FLUID ORDER 21-05-18 0930 SMR120.003