



SMR120003



Health

Facility:

Instructions:

FAMILY NAME **WATSON**

GIVEN NAMES **KAREN**

D.O.B. **22 / 03 / 70**

ADDRESS

MRN

0407123

MALE FEMALE

M.O. **CROZIER**

ADULT FLUID ORDER

LOCATION / WARD **SURGICAL 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
21/05/18	N/SALINE	1000	—	125	IV	D. HUNT. <i>[Signature]</i>	21/5/18 0930	21/5/18 1730	HAMMOND. <i>[Signature]</i>	SMITH <i>[Signature]</i>
21/5/18	HARTMANN'S.	1000	—	100	IV	B. JOHNSTON <i>[Signature]</i>	21/5/18 1730	22/5/18 0330	G. FROST. <i>[Signature]</i>	CONDON. <i>[Signature]</i>
21/5/18	HARTMANN'S.	1000	—	100	IV	B. JOHNSTON <i>[Signature]</i>	22/5/18 0330	22/5/18 1330	FROST CHEETNAM <i>[Signature]</i>	SMITH SOUNDERS. <i>[Signature]</i>
22/5/18	HARTMANN'S.	1000	—	80	IV	B. JOHNSTON <i>[Signature]</i>	22/5/18 1330	23/5/18 0200	HAMMOND. <i>[Signature]</i>	SMITH <i>[Signature]</i>
22/5/18	N/SALINE HARTMANN'S.	1000	—	TRNO	IV	B. JOHNSTON <i>[Signature]</i>	23/5/18 0200	24/5/18 0400	CHEETNAM <i>[Signature]</i>	SOUNDERS <i>[Signature]</i>
23/5/18	N/SALINE HARTMANN'S.	1000	—	TRNO	IV	B. JOHNSTON <i>[Signature]</i>	24/5/18 0400	1/1	SHELDON. <i>[Signature]</i>	HAMPER. <i>[Signature]</i>
1/1							1/1	1/1		
1/1							1/1	1/1		
1/1							1/1	1/1		