



SMR120003

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

NH606582 130514



Health

Facility:

Instructions:

FAMILY NAME **WILLIAMS**

GIVEN NAMES **SIMON**

D.O.B. **21/02/41**

ADDRESS

MRN **4786621**

MALE  FEMALE

M.O. **EMERGENCY DR.**

### ADULT FLUID ORDER

LOCATION / WARD **EMERGENCY DEPARTMENT**

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
28/05/18	0.9% SODIUM CHLORIDE	1000	---	150	IV	F. COX <i>Cox</i>	28/5/18 0950	/ /	Gilbert <i>Gilbert</i>	Condon. <i>Condon</i>
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SMR120.003 P06-15-909M FC 11W-15-909M ADULT FLUID ORDER