



SMR120003

NH606582 130514



Health

Facility:

Instructions:

ADULT FLUID ORDER

FAMILY NAME **WILLIAMS** MRN **4786621**

GIVEN NAMES **SIMON** MALE FEMALE

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

ADDRESS

LOCATION / 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
30/05/18	HARTMANS	1000	-	150	IV	JOHNSONE [Signature]	30/5/18 1000	1 / 16 30	FURMAN [Signature]	FULLON [Signature]
30/05/18	HARTMANS	1000	-	150	IV	JOHNSONE [Signature]	30/5/18 1630	31/05/18 11.00	DODDAM [Signature]	YEE [Signature]
31/5/18	HARTMANS	1000	-	150	IV	JOHNSONE [Signature]	31/5/18 1200	31/05/18 23.00	BUTLER [Signature]	FURMAN [Signature]
31/5/18	HARTMANS	1000	-	150	IV	JOHNSONE [Signature]	31/5/18 2330	1 / 1	BUTLER [Signature]	LAMRE [Signature]
1 / 1							1 / 1	1 / 1		
1 / 1							1 / 1	1 / 1		
1 / 1							1 / 1	1 / 1		
1 / 1							1 / 1	1 / 1		
1 / 1							1 / 1	1 / 1		