



SMR120003

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

NH606582 130514



Health

Facility:

Instructions:

FAMILY NAME

CUNNINGHAM

MRN

000 0000

GIVEN NAMES

FREDBACK

MALE FEMALE

D.O.B.

10 / 04 / 1942

M.O. DR

DR GROZIER

ADDRESS

LOCATION / WARD

SURGICAL

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
15/05/18	0.9% SODIUM CHLORIDE	1000	—	100	IV	HAMPTON JFE	15/05/18 0900	15/05/18 1900	M. JONES [Signature]	STANWELL [Signature]
15/05/18	HARTMANN'S	1000	—	80	IV	HAMPTON JFE	15/05/18 1900	16/05/18 0800	M. JONES [Signature]	STANWELL [Signature]
16/05/18	0.9% SODIUM CHLORIDE	500	1500mg IRON POLYMALTOSE	AS PER PROTOCOL	IV	HAMPTON JFE	16/05/18 0900	16/05/18 1400	G. FROST [Signature]	George [Signature]
16/05/18	HARTMANN'S	1000	—	80	IV	HAMPTON JFE	16/05/18 1400	1 / 1	G. FROST [Signature]	George [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		

ADULT FLUID ORDER

CA - MW - 25 - 20PM

SMR120.003