THO-N 2007 07/13 F&P 36055 – JUL13 M1

Tasmanian
Government

TASMANIAN HEALTH ORGANISATION
– North

INTRAVENOUS FLUIDS

FACILITY: _____
WARD

WARNING TO MEDICAL OFFICER:

THIS FORM IS A PRESCRIPTION – THE MEDICAL
ORDER MUST BE WRITTEN AND SIGNED
BY MEDICAL OFFICER.
THIS ORDER IS CURRENT FOR 24 HOURS ONLY.
CHECK ALLERGIES BEFORE PRESCRIBING.

BODY WEIGHT [ ] kg

1st Prescriber to Print Patient's Name and Check Label Correct

KNOWN ALLERGIES: ....

M.R.N.

SURNAME .... D.O.B. ....

OTHER
NAMES .... SEX

LABEL

INFUSION RATE CALCULATOR (1 Litre Bag)

Time (hrs)	2	4	6	8	10	12	16	18	24
mL/hr (1L bag)	500	250	166	125	100	83	62	55	42

Fluids Must Be Prescribed Daily – Only One Bag Will Be Administered Against Each Order

Date	Line/Route	I.V. Solution	Additives (with dose)	Bolus	Volume to be Given	Rate or Duration	Rate Change	Phone order / Nurse Check	Dr Signature Print Name	Actual Time Started	Nurse Check	Actual Time Finished	Nurse	Volume Given

INTRAVENOUS FLUIDS

INTRAVENOUS FLUIDS (continued)

INTRAVENOUS FLUIDS

M.R.N.							

SURNAME.................................. D.O.B.................

OTHER NAMES...

SEX

KNOWN ALLERGIES:.................................

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