**INTRAVENOUS FLUIDS** 

Tasmanian Government

mL/hr (1L bag)

500

250

166 6

125

100 To

83 12

62 <del>1</del>6

55 18

24 42

BODY WEIGHT

<u>&</u>

Time (hrs)

INFUSION RATE CALCULATOR (1 Litre Bag)

THO-N 2007 07/13 F&P 36055 - JUL13 M1

FACILITY:\_ WARD

### **INTRAVENOUS FLUIDS**

TASMANIAN HEALTH ORGANISATION - North

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WARNING TO MEDICAL OFFICER:	
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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.

OTHER NAMES	SURNAME	M.R.N.
OTHER	D.O.B	
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### KNOWN ALLERGIES:

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

Fluids	Must Be	Fluids Must Be Prescribed Daily - Only One Bag Will Be Administered Against Each Or	nly One Bag W	ill Be A	dministe	red Aga	inst Eac	h Order						
Date	Line/Route	I.V. Solution	Additives (with dose)	Bolus	Volume to be Given	Rate or Duration	Rate or Rate orde  Duration Change Nurse	Phone order Nurse Check	Dr Signature Print Name	Actual Time Started	Nurse Check	Actual Time Check Finished	Nurse	Volume Given
						:								

**INTRAVENOUS FLUIDS** (continued)

## INTRAVENOUS FLUIDS

# 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.

D.O.B	
	SURNAME

INFUSION RATE CALCULATOR (1 Litre Bag)

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

kg

KNOWN ALLERGIES:

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

Prescriber to Print Patient's Name and Check Label Correct

				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