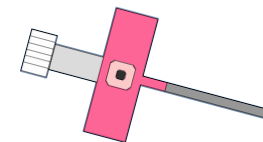


# FLUID PRESCRIBING CHART



**PATIENT NAME:**  
**DATE OF BIRTH:**  
**HOSPITAL NUMBER:**  
**ALLERGIES:**

Date	Fluid	Volume	Additive name	Additive dose	Infusion rate (ml / hr)	Route	Prescriber name & signature