

NEONATAL PARENTERAL CONTINUOUS INFUSIONS AND FLUID PRESCRIPTION AND ADMINISTRATION RECORD

Patient details:
 Name: _____
 Unit No: _____
 DOB: _____

Total daily fluids: _____ (ml/kg/day)
 Hourly rate: _____ (ml/hr)
 Working weight: _____

Change in total daily fluids				
Date	Time changed	Amount ml/kg/day	Hourly rate(ml/hr)	Prescriber sign & print

Change of Route				
Date	No	Time changed	Route	Prescriber sign & print

MICROGRAMS AND NANOGRAMS MUST BE WRITTEN OUT IN FULL - PLEASE PRINT EVERYTHING

PRESCRIPTION															
No	Date	Route	Type of fluid	Name of drug added to fluid	Dosage of drug/kg/time	Re-constitution method or concentration	Rate ml/hr	Duration of infusion	Prescriber Sign and print name	Diluent and drug batch numbers	Pump Serial No.	Date & time started	Sign and print name		Pharmacy
													Given by	Checked by	
1															
2															
3															
4															
5															
6															
7															
8															

INSTRUCTIONS FOR CHANGE IN RATE					ADMINISTRATION	
Date	No.	New dose	New rate	Prescriber Sign and print name	Time change	Sign and print name

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Date	No.	New dose	New rate	Prescriber Sign and print name	Time change	Sign and print name