

Patient name: .....

Date of birth: .....

CHI No: .....

Affix patient label

### ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART



Patient's weight and height	
Weight (kg).....	Height (cm).....

Prescription details									Administration details				
Date	Time	Name of fluid Name of additive	Volume (ml) Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

\*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)		
<b>Calculation:</b>	<b>Example:</b>	
Rate of flow = $\frac{\text{Volume of fluid (ml)} \times 20}{\text{Duration of admin (min)}}$ (drops/min)	500ml over 1 hour	167 drops/min
	500ml over 4 hours	42 drops/min
	500ml over 6 hours	28 drops/min
	500ml over 8 hours	21 drops/min
NB: 1ml = 20 drops (for a standard giving set)		

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Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid	Volume (ml)	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
		Name of additive	Dose										

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