Victorian Children's Tool for

	Nursery		GIVEN NAME(S) DATE OF BIRTH AFFIX PATIENT LABEL HERE Allergies and Adverse Reactions (ADR) Yes (see patient medication chart) Nil known Unknown First prescriber to print patient name and check label is correct:										
Birth weight	Current weight	Birtl	n gestation	Curren	t gestation	Day of life							
24 Hour Total Flu Enteral mL/kg/day	id Intake Plan IV fluid mL/kg/day	P	Parenteral N		Total Fluid	I policy for grading of feeds. Intake (TFI) in 24 hours mL/kg/day							
	iii2/iig/ddy	mL/kg		mL/kg/day	=	mL (total) mL/hour							
Enteral Orders R	efer to local procedure for who c	orders entera	I feeds.		Nurse admini	stration checks inside page.							
Date/time ordered	Type and additives	Route	e.g. 30mL	Administration of every 3 hours x 8 or continuous		Clinician/Dietitian Name/Sign/Number							
:													
/ /													
Intravenous Fluid	d Orders												

UR NUMBER

	ious Fluid Orders must be reviewed and re <mark>written</mark> 24 h	ourly.	If a	dministering blood prod	lucts, refer to	local hospital docur	nentation.		
	Medical officer p		Nurse administration						
Date/time ordered	Fluid type and additives	Total volume	Rate mL/hr	Prescriber name/sign/pager	Date/time commenced	Nurse 1 Nurse 2	Date/time infusion ceased		
/ / :					/ /	2	/ /		
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For neonatal fluid types and calculation of neonatal intravenous fluids, refer to the Neonatal e-Handbook OR your local hospital policy

Fluid Management Instructions. Additional instructions to guide the 24 hour fluid intake plan.

PATIENT NAME:	DATE OF BIRTH:	UR NUMBER:

Time	Feed Description/Variances
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Input Codes*

Oral (0) Orogastric (OG) Nasogastric (NG) Nasojejunal (NJ)

Orojejunal (OJ) Breastfeed (BF)

Bottle (B) Transpyloric (TP)

ViCTOR 24 Hour Fluid Management Chart SCN (VNFM001)

Expressed Breast Milk (EBM)

Pasteurised Donor Milk (PDM)

	describe volume, consi	and colour	•	1	
Urine		Vomit / Aspirat			
Method		Description			
Wet nappy (WN)	Meconium (Mec)	Formed (F)	Watery (W)	Bile (B)	
Passed urine (PU)	Transition (T)	Pebbles (P)	Melaena (Mel)	Mucousy (Mu)	
In-dwelling catheter (IDC)	Curds (C)	Loose (L)	Not sighted (NS)	Milky (M)	
Not sighted (NS)	Seedy (S)			Coffee grounds (CG)	
	Bowels open (B0)			Projectile (P)	
Specific gravity (SG)				Watery (W)	

Colour Clear/Pale Cloudy Yellow Dark Green Dark Brown Pink / Red Black yellow/ (Bile) Green Rosé (Blood) Mustard

Neonatal Circulating Blood Volume = 80-85mL/kg

Consultation With a Senior Clinician Required When:

- Electrolytes are outside the normal range
- >10% dehydration /10% weight gain or weight loss
- Urine output of < 1mL /kg/hr
- Vomit/Aspirate that is coloured green, brown or blood stained
- Ongoing fluid losses
- Any other concerns about fluid requirements
- If the neonate's condition is deteriorating or not improving, consider more frequent reviews of electrolytes and fluid requirements

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Victorian Children's Tool for Observation and Response 24 Hour Fluid Management Chart Midday to Midday – Special Care Nursery

NG/NJ tube position	□L	\square R	☐ Oral
Taped at:	cm	Tube size: _	
Gastric tube change du	ie:		
IV cannula inserted:		Line change	due:

UR NUMBER
SURNAME
GIVEN NAME(S)
DATE OF BIRTH

Date:	/	/	to	/	/		IV cannula inserted:
			-			-	•

ite	: /	/	to	/	' /	′									IV cannula	insert	ed:	Li	ine chan	ige due:			AFFIX P	PATIENT LAB	EL HERE	\uparrow																							
										lr	nput*	(mL)												Output/	` (mL	.)			Balance																				
		checks	cks Infusions											Oral/	Entera	nl					Vomit/a	spirate	Urin	ie	Stool																								
	TICICI TO TO	ar guideimies	Site:			Site:			Site:			_					Ro	oute				Refe	r to back	L k page for ir	nout and	output cod	des																						
							fluid type:					Fluid type:		Prog.		Description of feed or BF code	†Enter	ral s pH ed check Oral		Prog.		Total				to back page for input and		·		Total	Progressive Balance																		
	Pres	ssure																														inputs (all IVs)		or BF code (as per hospital procedu	re) check	ed chec	k Oral	al (e.g. NG)	enteral input	prog.		Code/ colour	/ Vol.	Code/ colour	Vol.	Code/ colour Vo	Vol.	prog. output	
e	IV 1	IV 2	Set rate	Set Amount Pro rate infused tot		Set Amount Prog. ate infused total		t Amount Prog. e infused total		Amount Prog. infused total		Set Amount Prog. ate infused total		Set Amount Prog. rate infused total		Set Amount Prog rate infused tota		Set Amount Prog. rate infused total		Set Amount Prog. rate infused total		Set Amount Prog. rate infused total		Amount Prog. infused total		Set rate	Amount infused	Prog. total	Set rate	Amount infused	Prog. total	(A)	Time		by.					(A+B)	Time	Goldan		00.00.		00.00.		(C)	I = incomplete balance
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