

Inpatient number:

Name of baby:

Birthweight or highest weight: __ . __ __ __ kg

Date:	Age in Days:	Total ml/kg/day	Expressed Breast Milk (EBM)			Intravenous Fluids				Sign and time when fluid is given			
			EBM ml/kg/day	ml every 2h	By NGT or spoon	IV fluid to be given (circle)	IV fluids ml/kg/day	ml every 6h	ml/hour = drop per min	1 st Burette	2 nd Burette	3 rd Burette	4 th Burette
						D5 / D10 / NNF							
						D5 / D10 / NNF							
						D5 / D10 / NNF							
						D5 / D10 / NNF							
						D5 / D10 / NNF							
						D5 / D10 / NNF							
						D5 / D10 / NNF							