

\* EXAMPLE \* CALCIUM

**Paediatric Fluid & Additive Prescription / Administration Chart**

Patient name: .....  
 Date of birth: .....  
 No: .....  
 Affix patient label

**Patient's weight and height**  
 Weight (kg) 20.5kg ..... Body Surface Area (if required) ..... m<sup>2</sup>  
 Date taken .....

Prescription details			Administration details					
Name of fluid	Volume (ml)	Route	Flow rate (ml/hr)	Rate change / Notes / Discontinued	Prescriber's signature, PRINTED name and designation	Date	Given by	Checked by
0.9% sodium chloride	40ml	IV	16.3	<i>total!</i> volume to infuse 48.9ml (2.2mmol) over 3 hours				
Name of additive 10% calcium gluconate	Dose 10ml (2.25mmol)							
(TOTAL VOLUME OF 50ml)								