* EXAMPLE *
MAGNESIUM

nt name: .....
of birth: .....
No: .....
Affix patient label

Paediatric Fluid & Additive Prescription / Administration Chart

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) 20kg ..... Body Surface Area (if required)

Date taken ..... m²

ription 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 / Time	Given by	Checked by
0.9% sodium Chloride 90ml Name of additive / Dose Magnesium Sulfate 50% 20mmol 10mls (TOTAL VOLUME = 100mls)	IV	40	TOTAL VOLUME TO GIVE = 20mls (4mmol dose) OVER 30mins.				

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