



Waitemata

District Health Board

Best Care for Everyone

Oral Intake Order

Place Patient Label Here

Date:
Time:

Page nr:

Oral Rehydration Fluid instructions (Nurse only) Calculate the volume to give at the start and at every review				Parent / Caregiver
	Target volume (ml)	Instructions	Sign	Document other intake here (e.g. Ice blocks)
1				
2				
3				
4				

