

Summary

Fluid Balance

Name:	NAME
Date:	DATE

Oral Intake	
Time	Fluid & Volume
xx:xx	FLUID & xx ml
xx:xx	FLUID & xx ml
xx:xx	FLUID & xx ml
xx:xx	FLUID & xx ml
xx:xx	FLUID & xx ml
xx:xx	FLUID & xx ml
xx:xx	FLUID & xx ml
xx:xx	FLUID & xx ml

Parenteral Fluid Input			
Fluid	Volume given	Start time	Finish time
FLUID	xx ml	xx:xx	xx:xx

Urine Output		
Time	Urine Output	Bowels
xx:xx	xx ml	BOWELS
xx:xx	xx ml	BOWELS
xx:xx	xx ml	BOWELS
xx:xx	xx ml	BOWELS