

# Fluid Balance

Date:

INTAKE						OUTPUT					
Time	Oral	NG	IV	Other	Running Total	Urine	NG Aspirate	Vomitus	Drains/ Stents	Diarrhea	Running Total
0000											
0100											
0200											
0300											
0400											
0500											
0600											
0700											
0800											
0900											
1000											
1100											
1200											
1300											
1400											
1500											
1600											
1700											
1800											
1900											
2000											
2100											
2200											
2300											
<b>Daily Total Intake:</b>						<b>Daily Total Output:</b>					