

FLUID BALANCE

DATE: _____

MEASUREMENTS

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											
Daily Total Intake:						Daily Total Output:					

DO NOT COPY