

# ACCUMULATIVE FLUID BALANCE CHART

PATIENTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ CHART NO: \_\_\_\_\_

(Please affix patient sticker here)

**DAILY RECORD BALANCE  
TO BE RECORDED DAILY  
AT 07:00 HOURS**

INTAKE - 24 HOUR TOTAL				OUTPUT - 24 HOUR TOTAL				
DATE	ORAL (Mls)	NG/PEG (Mls)	IV/TPN (Mls)	URINE	VOMIT			BALANCE
					ASPIRATE			