

FLUID BALANCE CHART

Date: / /

Name: _____

D.O.B. / /

Hosp No: _____

Ward: _____

Fluid Restriction: YES NO _____ Mls

TIME	INTAKE				OUTPUT				
	ORAL	NG	I.V.	I.V.	I.V. DRUGS	URINE	VOMIT ASPIRATE		
8.00									
9.00									
10.00									
11.00									
12.00									
13.00									
14.00									
15.00									
16.00									
17.00									
18.00									
19.00									
12hr Total									
20.00									
21.00									
22.00									
23.00									
24.00									
1.00									
2.00									
3.00									
4.00									
5.00									
6.00									
7.00									
12hr Total									
TOTAL									

Total Intake:

Total Output:

Balance:

10