

DAILY FLUID BALANCE
CHART

AFFIX LABEL HERE OR ENTER

24 Hours

beginning 13-4-07

FULL NAME Lucy Crawford

HOSPITAL NUMBER

CONSULTANT

NOTE: 1 oz = 30 MLs.

ERNE HOSPITAL
ENNISKILLEN

LPC 1 85 026

TIME	INTAKE				OUTPUT				REMARKS
	Intake by Mouth		Intravenous or other routes		Urine	Faeces	Vomit	Tube	
	Amount	Type	Amount	Type					
8 a.m.									
9 a.m.									
10 a.m.									
11 a.m.									
12 noon									
1 p.m.									
2 p.m.									
3 p.m.									
4 p.m.									
5 p.m.									
6 p.m.									
7 p.m.									
8 p.m.									
9 p.m.									
10 p.m.									
11 p.m.									
12 mid									
1 a.m.									
2 a.m.									
3 a.m.									
4 a.m.									
5 a.m.									
6 a.m.									
7 a.m.									

DAY TOTAL	ML	ML	ML	ML	ML	ML
NIGHT TOTAL	ML	ML	ML	ML	ML	ML
TOTAL FOR 24 HRS.	ML	ML	ML	ML	ML	ML

TOTAL INTAKE		TOTAL OUTPUT	
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Form No M 182.

027-027-080