Fluid Intake/Output Chart

Name	Likes to be called
Room number	Date of birth
Prepared by	
G.P/Consultant signature	
Date plan agreed	

Please record as accurately as possible on this form the quota of fluids you drink and volume of urine you pass. Please record the fluids in millitres (1fluid ounce = 30ml). Bring this form with you when you next attend the clinic. Each time you pass urine you will need to catch it in a container calibrated in volumes.

	MON		TUES		WEDS		THURS		FRI		SAT		SUN	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
8.00 AM														
9.00 AM														
10.00 AM														
11.00 AM														
12.00 MIDDAY														
1.00 PM														
2.00 PM														
3.00 PM														
4.00 PM														
5.00 PM														
6.00 PM														
7.00 PM														
8.00 PM														
9.00 PM														
10.00 PM														
11.00 PM														
12.00 MIDNIGHT														
1.00 AM														
2.00 AM														
3.00 AM														
4.00 AM														
5.00 AM														
6.00 AM														
7.00 AM														
TOTAL VOLUME														
Day time visits														
Night time visits														