Food and Fluid Record Chart

Patient details (affix sticker):	Ward:
	Date:

- Complete as soon as possible after **food and oral fluid intake** and ensure you also document any itemsgiven by relatives/visitors.
- Ensure that foods offered AND foodstaken are documented, e.g. macaroni cheese -¼, rice pudding- ½. Also indicate portion sizef mealprovided,i.e. small, medium or large.
- Document anyoral fluid (i.e. 100ml cup of tea) or nutritional supplements offered e.g. Fresubin Energy, Fresubin Jucy, Calogen and the quantity taken e.g. 30ml shot 200ml bottle.
 Oral fluid intake does not have to be recorded if already being documented on fluid input/outp

	Foods offered	Foods taken (i.e. ¼, ½, ¾, all)	Oral fluids offered	Oral fluids taken (mls)	Assisted by (sign)and designation
Breakfast					
Mid morning					
Lunch					
Mid afternoon					
Evening meal					
Before bed					

Total oral fluid intakeper 24hrs (mls)		Signed and designation	