

DAILY FLUID BALANCE CHART

Date:

Ward:

SPECIAL INSTRUCTIONS:

Insert a patient ID sticker here:

Name:

Hospital ID number:

Date of Birth:

0.5ml/kg/hr=_____

HRS	INPUT							OUTPUT					Balance
	Input type/ volume		IV				Input running total	Urine	Vomit/ Aspirate			Output running total	
0700													
0800													
0900													
1000													
1100													
1200													
Sub total													
1300													
1400													
1500													
1600													
1700													
1800													
Sub total													
1900													
2000													
2100													
2200													
2300													
2400													
Sub total													
0100													
0200													
0300													
0400													
0500													
0600													
Sub total													
24 hr total													

SIGNATURES: 0700-1200hrs 1200-1800hrs
1800-2400hrs 2400-0700hrs

CONSIDER INSENSIBLE LOSS FOR INDIVIDUAL PATIENT