

<h1 style="margin: 0;">FLUID BALANCE CHART</h1> <p>Date _____</p>	<p>Name _____</p> <p>Address _____</p> <p>NHI _____ DOB _____ Sex _____</p> <p>GP/NP _____</p> <p>Providers Contact Details _____</p>
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PATIENT ID LABEL

ACCURACY IS ESSENTIAL

	INTAKE/mls			OUTPUT/mls			
Time (<u>must</u> be recorded every 30 mins)	Oral	IVF	Total IN	Urine	Vomit	Bowel	Total OUT
GRAND TOTAL							
Nurse's Name	Nurse's Signature						