Place Patient Label Here

24 HOUR FLUID BALANCE RECORD (FOR 12 HOUR SHIFT)

1633

Flowsheets

DATE: From 0700 _____ **to 0700** _____

Previous 24 Hour Balance + _____

Cumulative Fluid Balance + _____

INTAKE										OUTPUT							
INTRAVENOUS							ORAL			URINE			OTHER FLUID LOSS				
													GASTRIC			TUBE (Specify)	
START TIME	STOP TIME	SOLUTION AND VOLUME	RATE	INIT.	TOTAL IV IN	TOTAL BLOOD IN	TIME	ORAL	TUBE	TIME	VOID	CATH	EMESIS	N/G	BOWEL		
SUBTOTALS																	
12 HOUR TOTAL:		**IN:**								**OUT**							
START TIME	STOP TIME	SOLUTION AND VOLUME	RATE	INIT.	TOTAL IV IN	TOTAL BLOOD IN	TIME	ORAL	TUBE	TIME	VOID	CATH	EMESIS	N/G	BOWEL		
SUBTOTALS																	

12 HOUR TOTAL:	IN:		OUT:	
24 HOUR TOTAL:	IN:	OUT:		24HOUR BALANCE + OR -

Place Patient Label Here

24 HOUR FLUID BALANCE RECORD (FOR 12 HOUR SHIFT)

* 1 6 3 3 *

Flowsheets

DATE: From 0700 _____ **to 0700** _____

Previous 24 Hour Balance + _____

Cumulative Fluid Balance + _____

INTAKE										OUTPUT							
INTRAVENOUS							ORAL			URINE			OTHER FLUID LOSS				
													GASTRIC			TUBE (Specify)	
START TIME	STOP TIME	SOLUTION AND VOLUME	RATE	INIT.	TOTAL IV IN	TOTAL BLOOD IN	TIME	ORAL	TUBE	TIME	VOID	CATH	EMESIS	N/G	BOWEL		
SUBTOTALS																	
12 HOUR TOTAL:		**IN:**								**OUT**							
START TIME	STOP TIME	SOLUTION AND VOLUME	RATE	INIT.	TOTAL IV IN	TOTAL BLOOD IN	TIME	ORAL	TUBE	TIME	VOID	CATH	EMESIS	N/G	BOWEL		
SUBTOTALS																	

12 HOUR TOTAL:	IN:	OUT:	
24 HOUR TOTAL:	IN:	OUT:	24HOUR BALANCE + OR -