

Fluid Balance Record

Surname	
First name(s)	
Record Number	
Patient's weight (Kgs)	

Date	24 Hours From:	To:
-------------	-----------------------	------------

Intake- MLS			Output - MLS	
Time	Oral	Enteral Feeds (Please circle) PEG / NG / PEJ / NJ	Urine	Other
Totals				
Total Intake			Measured Output	Estimated Output
Balance(Positive / Negative)				