|  |  |
| --- | --- |
| **Date** (DD/MMM/YY)**:** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |  |
|  | **INTAKE**  | **OUTPUT** |
| **Time** | **Primary** **Intravenous** | **Secondary****Intravenous** | **Oral** | **Enteral Feed** | **Free Water Flush** | **Urine** | **Emesis** | **Other** |
| 2300-2400 |  |  |  |  |  |  |  |  |
| 2400-0100 |  |  |  |  |  |  |  |  |
| 0100-0200 |  |  |  |  |  |  |  |  |
| 0200-0300 |  |  |  |  |  |  |  |  |
| 0300-0400 |  |  |  |  |  |  |  |  |
| 0400-0500 |  |  |  |  |  |  |  |  |
| 0500-0600 |  |  |  |  |  |  |  |  |
| 0600-0700 |  |  |  |  |  |  |  |  |
| **Sub Total:** |  |  |  |  |  |  |  |  |
| **Shift Total:** | **Total In:** | **Total Out:** | **Total Balance for Nights:** |
|  |  |  |  |  |  |  |  |  |
| **Time** | **Primary****Intravenous** | **Secondary****Intravenous** | **Oral** | **Enteral Feed** | **Free Water Flush** | **Urine** | **Emesis** | **Other** |
| 0700-0800 |  |  |  |  |  |  |  |  |
| 0800-0900 |  |  |  |  |  |  |  |  |
| 0900-1000 |  |  |  |  |  |  |  |  |
| 1000-1100 |  |  |  |  |  |  |  |  |
| 1100-1200 |  |  |  |  |  |  |  |  |
| 1200-1300 |  |  |  |  |  |  |  |  |
| 1300-1400 |  |  |  |  |  |  |  |  |
| 1400-1500 |  |  |  |  |  |  |  |  |
| **Sub Total:** |  |  |  |  |  |  |  |  |
| **Shift Total:** | **Total In:** | **Total Out:** | Total Balance for Days: |
|  |  |  |  |  |  |  |  |  |
| **Time** | **Primary****Intravenous** | **Secondary****Intravenous** | **Oral** | **Enteral Feed** | **Free Water Flush** | **Urine** | **Emesis** | Other |
| 1500-1600 |  |  |  |  |  |  |  |  |
| 1600-1700 |  |  |  |  |  |  |  |  |
| 1700-1800 |  |  |  |  |  |  |  |  |
| 1800-1900 |  |  |  |  |  |  |  |  |
| 1900-2000 |  |  |  |  |  |  |  |  |
| 2000-2100 |  |  |  |  |  |  |  |  |
| 2100-2200 |  |  |  |  |  |  |  |  |
| 2200-2300 |  |  |  |  |  |  |  |  |
| **Sub Total:** |  |  |  |  |  |  |  |  |
| **Shift Total** | **Total In:** | **Total Out:** | **Total Balance for Evenings:** |
|  |  |  |
| **24 Hour Intake:** | **24 Hour Output:** | **24 Hour Fluid Balance:** |
| **Fluid Balance Carried Forward From Previous Day:** |  | **Cumulative Fluid Balance:** |  |

### Oral Intake

These volumes are to be used as a guideline. Please refer to volumes listed on container if different.

|  |  |  |  |
| --- | --- | --- | --- |
| Milk (prepackaged)  | 120mL | Jello | 99 mL |
| Milk (dine service) | 175mL | Great Shake Jr. | 125 mL |
| Thickened milk | 250 mL | Ice cream/ Sherbet | 100 mL |
| Lactaid milk | 125 mL | Ensure (Plus, HP, Enlive)  | 235 mL |
| Soy Beverage | 250 mL | Ensure (Compact) | 118 mL |
| Chocolate milk | 237 mL | Resource 2.0 (small box) | 237 mL |
| Creamer | 15mL | Boost Fruit Beverage | 237mL |
| Coffee/tea/hot water/thickened coffee | 180 mL | Water Jug | 500mL |
| Coffee/tea/hot water with polycose | 210 mL | Thickened water (prepackaged) | 120 mL |
| Soup | 150 mL | Styrofoam Glass | 177mL |
| Juice (prepackaged) | 114 mL | Ice Chips | Half the Volume of the Glass |
| Juice (dine service) | 175mL | Small Plastic Cup (med cart) | 120mL |
| Juice - thickened | 120 mL | Canned beverages (Gingerale, Sprite) | 355mL |
| Tomato Juice | 187.5 mL | Liquidized Diet Meal  | 100mL |

**Guidelines for Completion**

1. **PURPOSE:** The purpose of the Fluid Balance Sheet is to record the fluid intake and output of a client and allow monitoring of cumulative fluid status.
2. **PROCEDURE:**
	1. **Guidelines for Completion:**
		1. Addressograph front of form
		2. At the **end of each shift**, the nurse records the intake and output for that shift:
			1. Clear the volume of any infusion pumps and record intake under primary intravenous, secondary intravenous, and enteral feed columns as appropriate
			2. Record the volume of intake from any free water flush or fluid used to dilute medications for administration
			3. Record the intake volume of fluid consumed at and between meals
			4. Record the output volume of urine, emesis, or other output under the appropriate column
			5. The nurse sub totals each column.
			6. The nurse adds up intake sub totals and records next to Total In.
			7. The nurse adds up output sub totals and records next to Total Out.
			8. The nurse records the Total Balance for (SHIFT) by subtracting the Total Out from the Total In.
		3. The **night shift nurse:**
			1. Adds up all Total In and all Total Out for the previous day and records under 24 Hour Intake and 24 Hour Output.
			2. Records the 24 Hour Fluid Balance by subtracting 24 Hour Output from the 24 Hour Intake.
			3. Calculates the Cumulative Fluid Balance by adding or subtracting the 24 Fluid Balance to/from the volume of Fluid Balance Carried Forward From Previous Day.
* This indicates if the client is in a positive or negative fluid balance and the severity of that imbalance.
	+ - 1. Records the Cumulative Fluid Balance on a new Fluid Balance Sheet for the next day
	1. **Filing/Routing Instructions:** File in database - section 5 as part of permanent part of health record
	2. **Printing Instructions:** Print double sided, hole punch left hand side, order through SAP
	3. **Author:** Guidelines: Clinical Educator