

# FLUID BALANCE CHART

Name: \_\_\_\_\_  
 Case No.: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_ Room No.: \_\_\_\_\_

DATE: \_\_\_\_\_ INTAKE IN mL.

OUTPUT IN mL.

ORAL / NASOGASTRIC			INTRAVENOUS			Amount	B.O	Urine	ASP/ Vomitus	Drains	Others
Time	Type	Amount									
0700											
0800											
0900											
1000											
1100											
1200											
1300											
1400											
1500											
1600											
1700											
1800											
1900											
2000											
2100											
2200											
2300											
2400											
0100											
0200											
0300											
0400											
0500											
0600											
0700											

**TOTAL INTAKE:**

**TOTAL OUTPUT:**

**BALANCE + VE/ -VE:**