



FLUID BALANCE RECORD

12-Hour Record

Directions for Use

MRN#: 12345
 Overload, Fluid
 DOB: 12-12-1949
 MB 123456 PHIN 123 456 789
 ATTENDING: Hydration, Oral
 EPR ID: 11111
 Morris General Hospital

Date: *June 30, 2022*

Legend: AMT (Amount) TF (Tube feed) TPN (Total Parenteral Nutrition)	IV Fluids NS (0.9% Sodium Chloride) ½NS (0.45% Sodium Chloride) RL (Lactated Ringers) 2/3-1/3 (3.3% Dextrose and 0.3% Sodium Chloride)	D5W (5% Dextrose) D5NS (5% Dextrose and 0.9% Sodium Chloride) D51/2NS (5% Dextrose and 0.45% Sodium Chloride) D10W (10% Dextrose)	Indicate <input checked="" type="checkbox"/> Intake and Output <input checked="" type="checkbox"/> Strict Fluid Balance <input type="checkbox"/> Intake only <input type="checkbox"/> IV only <input type="checkbox"/> Output only <input checked="" type="checkbox"/> Tube feed only <input type="checkbox"/> Fluid Restriction _____ <input checked="" type="checkbox"/> Tube feed Flush
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INTAKE									TIME FOR ORAL /OUT-PUT	OUTPUT				
TIME	SOLUTION	RATE	ROUTE	INITIALS	TO BE ABSORBED	AMOUNT ABSORBED	OTHER (SPECIFY)	ORAL		URINE	EMESIS	GASTRIC SUCTION	OTHER (SPECIFY)	OTHER (SPECIFY)
2000	RL	100	IV	AB	600	600								
2000	TPN	65	IV	AB	1255	780								
0155	RL	100	IV	EF	1000	600								
0630	dimenhydrinate	125	IV	EF	52	52			0400	175				
								100	0600	100	50			
NIGHT SHIFT 12-HOUR TOTALS						1372		100		275	50			
0800	RL	100	IV	EF	400	800			1200	400				
0800	TPN	65	IV	EF	475	32								
0830	Isosource1.5	bolus	NG	EF	500	500								
0845	NS Cefazolin	125	IV	EF	60	60		125	0900	275				
1145	Isosource1.5	bolus	NG	EF	250	500		125	1100					
1400	RL	25	IV	EF	1000	150								
1600	Ns Cefazolin	125	IV	EF	60	60			1300	500				
1740	Isosource1.5	bolus	NG	EF	500	500								
DAY SHIFT 12-HOUR TOTALS						2602		250		1175				
24-HOUR TOTALS (ENTER BALANCE ON CLINICAL RECORD)						3974		350		1625	50			
24-HOUR TOTALS:		INTAKE: 4324				OUTPUT: 1675				24 HR BALANCE: 2649				
CUMULATIVE BALANCE:														

DIETARY MEASUREMENTS: (ml)			
JUG – ICE	600	INSULATED CUP	325
JUG – WATER	750	DISPOSABLE PLASTIC GLASS	150
GLASS – SMALL	100	DISPOSABLE STYROFOAM CUP	125
GLASS – REGULAR	175	MILK CONTAINER	125
SOUP BOWL	325	JUICE CONTAINER	125
DESSERT BOWL	150	JELLO / PUDDING CUP	100
COFFEE CUP	300	CREAMER	10
OTHER – POP - CAN	355	OTHER –	

Prior to Use, each site / unit will:

- Prefill the Dietary Measurements based on the site/unit specific sizes

Directions for Use:

- One calendar day per page,
- Apply addressograph to top of page,
- Enter date at top of page,
- Indicate/select what is to be measured,
- Use only abbreviations included in the legend,
- Only populate applicable cells,
- Times may vary per site, depending on shift schedules,
- Infusion pump is cleared at time of information at Care Transitions / Bedside Reporting.

To monitor intake:

- Enter the time and type(s) of IV solution(s) infusing upon changing a bag,
- Indicate rate of infusion for IV fluid(s), medications, TPN or TF, and/or blood products,
- Use the column “other” for any fluid not identified,
- Capture oral intake as it occurs and enter the amount in the designated column next to the corresponding hourly time range.

To monitor output:

- Enter the amount of each type of fluid in the designated column next to the corresponding hourly time range,
- Two (2) columns are provided for other fluids – specify the type of fluid output and the amount.

At the end of each 12-hour shift:

- Calculate the totals for each type of fluid intake and output.

At the end of each 24-hour period:

- Calculate the daily totals,
- Calculate the cumulative balance,
- Transfer information onto the *Clinical Record* ([CLI.4510.PR.002.FORM.06](#))