



FLUID BALANCE RECORD

8-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:	IV Fluids	D5W (5% Dextrose)	Indicate
AMT (Amount)	NS (0.9% Sodium Chloride)	D5NS (5% Dextrose and 0.9% Sodium Chloride)	<input checked="" type="checkbox"/> Intake and Output
TF (Tube feed)	½NS (0.45% Sodium Chloride)	D51/2NS (5% Dextrose and 0.45% Sodium Chloride)	<input type="checkbox"/> Intake only
TPN (Total Parenteral Nutrition)	RL (Lactated Ringers)	D10W (10% Dextrose)	<input type="checkbox"/> Output only
	2/3-1/3 (3.3% Dextrose and 0.3% Sodium Chloride)		<input type="checkbox"/> Fluid Restriction _____
			<input checked="" type="checkbox"/> Strict Fluid Balance
			<input type="checkbox"/> IV only
			<input checked="" type="checkbox"/> Tube feed only
			<input checked="" type="checkbox"/> Tube feed Flush

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)
0000	RL	125	IV	AB	375	188			0150		300			
0130	NS	100	IV	AB	1000	600			0500	450				
0200	Dimenhydrinate	125	IV	AB	51	51								
								150	0500	450				
								100	0600					
NIGHT SHIFT 8-HOUR TOTALS						739		250		900	300			
0800	D51/2NS	100	IV	MS	1000	300								
0840	Isosource 1.5	bolus	TF	EF	500	500			0900	275				
1005	Cefazolin	125	IV	EF	60	60								
1100	NS	100	IV	EF	1000	125								
1220	Isosource 1.5	bolus	TF	EF	500	500		400	1200	400				
								250						
DAY SHIFT 8-HOUR TOTALS						1485		650		675				
1600	Isosource 1.5	bolus	TF	CD	500	500			1645	500				
1630	Cefazolin	125	IV	DE	60	60								
								525	1830					
								225	1930	800				
									2200	425				
EVENING SHIFT 8-HOUR TOTALS						560		750		1725	300			
24-HOUR TOTALS (ENTER BALANCE ON CLINICAL RECORD)						2784		1650		3300	300			
24-HOUR TOTALS:		INTAKE: 4434				OUTPUT: 3600				24 HR BALANCE: + 834				
													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 by 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 solution(s) infusing,
- Indicate rate of infusion for IV fluid(s), medications, TPN or TF, and/or blood products when entered
- 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 8-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](#))