Name: _____

Procedure: _____

Procedure Date: _____

PROJECT H.A.N.D.S.
HELPING AND NURTURING DEVELOPING SOCIETIES

date & time	notes

PROJECT H.A.N.D.S.
HELPING AND NURTURING DEVELOPING SOCIETIES

24 Hour Fluid Balance Record

NAME:

DOB:

DATE:

CEDULA:

	INTAKE								OUTPUT				
	ORAL		PARENTERAL						URINE and OTHER				
	Time	Amount	Time		Solution and Rate	Amount Remaining Carried Forward	Amount Absorbed	Nurse initial	Time	Urine	NG/ Emesis		
			Start	Stop									
DAY SHIFT													
	Total Oral Intake:		Total Parenteral Intake:						TOTALS				
	12 Hour Total Intake (Oral plus Parenteral):								12 Hour Total Output:				
NIGHT SHIFT													
	Total Oral Intake:		Total Parenteral Intake						TOTALS				
	12 Hour Total Intake (Oral plus Parenteral):								12 Hour Total Output:				
	24 Hour Intake:								**24 Hour Output:**				