



Rottingdean Nursing & Care Home

Date / /

## 24 Hour Adult Fluid Balance Chart

Surname:

First Name:

DOB: / /

Room Number:

Care Plan Ref :

Fluid Restrictions (If Any)

THICKENED FLUIDS (SELECT) ☐ NORMAL ☐ STAGE 1 ☐ STAGE 2 ☐

Time	Intake (Oral) Description	Volume (ml)	Output	Initials	Signature
00:00					
01:00					
02:00					
03:00					
04:00					
05:00					
06:00					
07:00					
08:00					
09:00					
10:00					
11:00					
12:00					
13:00					
14:00					
15:00					
16:00					
17:00					
18:00					
19:00					
20:00					
21:00					
22:00					
23:00					
24:00					
Total					



190ml  
Average Cup & saucer



260ml  
Average Mug



250ml  
Average Glass