

Fluid Balance Chart

Casualty's Name:

Date : / /20.....

Examiners Name:

Time:

Time	IV Fluid	IV Amount	Oral	Total In	Urine	NG / Vomitus	Drain	Stool	Total Out	Balance
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										
24:00										
01:00										
02:00										
03:00										
04:00										
05:00										
06:00										
07:00										