

**Service User:**   **Daily Fluid Chart** **Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TIME** | **FLUID INTAKE (ml)**  **Oral/Enteral/Subcutaneous/IV** | **FLUID OUTPUT (ml): Urine/Vomit/Faeces/Saliva** | **BALANCE (ml) -ve/+ve** |
| 00.00-01.00 |  |  |  |
| 01.00-02.00 |  |  |  |
| 02.00-03.00 |  |  |  |
| 03.00-04.00 |  |  |  |
| 04.00-05.00 |  |  |  |
| 05.00-06.00 |  |  |  |
| 06.00-07.00 |  |  |  |
| 07.00-08.00 |  |  |  |
| 08.00-09.00 |  |  |  |
| 09.00-10.00 |  |  |  |
| 10.00-11.00 |  |  |  |
| 11.00-12.00 |  |  |  |
| 12.00-13.00 |  |  |  |
| 13.00-14.00 |  |  |  |
| 14.00-15.00 |  |  |  |
| 15.00-16.00 |  |  |  |
| 16.00-17.00 |  |  |  |
| 17.00-18.00 |  |  |  |
| 18.00-19.00 |  |  |  |
| 19.00-20.00 |  |  |  |
| 20.00-21.00 |  |  |  |
| 21.00-22.00 |  |  |  |
| 22.00-23.00 |  |  |  |
| 23.00-00.00 |  |  |  |
| **TOTAL** |  |  |  |

**Estimating Fluid Intake**

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| --- | --- | --- |
| Use below table to estimate oral intake, and use syringe readings for enteral: | | |
| **1 cup** | 250ml | **1 teaspoon** 5ml |
| **1 soup bowl** | 350ml | **1 tablespoon** 15ml |
| **1 mug** | 335ml | **1 can fizzy drink** 330ml |

**Signs of Dehydration**

|  |  |
| --- | --- |
| **Does the service user have hard stools?**  (type 1-2) Yes or No | **Does the service user have dark urine?**  (type 4 or more) Yes or No |
| **Does the service user have fluid losses?** (sweating, diarrhoea, vomit) Yes or No | **Does the service user have fluid losses?**  (frequent urine output) Yes or No |

If **YES** to any of the above, if no fluid restriction, add at least 200-500mls of water to the service user’s regimen, consider rehydration solution, and monitor signs regularly.

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| **Comments**: |

\*for further queries, please contact the dietitians