Daily Fluid Intake Chart



Date	Time of Day	Fluid Type (i.e., water, milk, broth, juice, etc.)	Amount (ml)	Were additional fluids taken that were not measured? If so, what? (i.e., water fountain)	Total amount (ml) for the shift
	Morning				
	Afternoon				
	Evening				
	Overnight				Daily grand total (ml):
Date	Time of Day	Fluid Type (i.e., water, milk, broth, juice, etc.)	Amount (ml)	Were additional fluids taken that were not measured? If so, what? (i.e., water fountain)	Total amount (ml) for the shift
	Morning				
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	Overnight				Daily grand total (ml):
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	Afternoon				
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Effective	Revised	Owner	Form #	Page 1 of 1
November 2024		Service Director	HE25	