

# Daily Fluid Intake Chart

Name: \_\_\_\_\_

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):
	Morning					
	Afternoon					
	Evening					
	Overnight					Daily grand total (ml):
	Morning					
	Afternoon					
	Evening					
	Overnight					Daily grand total (ml):