

# Patient Fluid Intake and Output Sheet

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

Date: \_\_\_\_\_

Fluid Restriction (Total fluid your doctor would like you to consume in 24 hours): \_\_\_\_\_

| My Fluid Intake (Drink or Eat) |               |                | My Fluid Output (Pee) |                |
|--------------------------------|---------------|----------------|-----------------------|----------------|
| Time                           | Type of Fluid | Amount (in mL) | Time                  | Amount (in mL) |
|                                |               |                |                       |                |
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