Infection. Prevention. Control.
You're in safe hands

NHS

Fluid intake/output Chart

Resident details/Sticker

Name .....

DoB .....

Room No. .....

Unit .....

Date: .....

Time	Oral in	IV SC Fluids	Urine out	Signed
Total				

Date: .....

Time	Oral in	IV SC Fluids	Urine out	Signed
Total				

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