

24 Hour Adult Fluid Balance Chart

Date:

Surname:	Forenames (In full):	
DOB:	Sex:	
Consultant:	Ward:	Hospital No:

Patient assessment / goals

Weight: kg Target fluid input 24 hours: mls

PREVIOUS DAYS BALANCE mls

Time	Input						Output						
	1		2		3		Urine mls	NG/Vomitus		Drain(s)		Faecal/ Stoma	Initials
	Type	Volume mls	Type	Volume mls	Type	Volume mls		mls	mls	pH Aspirate	a mls		
06:00													
07:00													
08:00													
09:00													
10:00													
11:00													
12:00													
13:00													
14:00													
15:00													
16:00													
17:00													
12 Hour Subtotal													
12 Hour Input Total							12 Hour Output Total						
Signature							12 Hour Balance						
18:00													
19:00													
20:00													
21:00													
22:00													
23:00													
00:00													
01:00													
02:00													
03:00													
04:00													
05:00													
12 Hour Subtotal													
12 Hour Input Total							12 Hour Output Total						
24 Hour Input Total							24 Hour Output Total						
Signature							24 Hour Balance						

ALL FLUID BALANCE CHARTS MUST BE ACCURATE
WHEN YOUR PATIENT IS ON IV FLUIDS YOU MUST CHECK DAILY U&Es

The 5 Rs: (Intravenous Fluid Therapy NICE No174)

R Resuscitation

If a patient needs fluid resuscitation use crystalloids that contain sodium in the range of 130-154mmol/l with a bolus of 250-500ml

R Routine Maintenance

Restrict initial IV prescription to 25-30 ml/kg per day e.g. 80kg patient requires 2000-2400 mls over a 24hr period. Sodium / potassium (approx.) 1 mmol/kg/per day. **Check DAILY U&Es.**

R Replacement

Adjust the IV prescription to account for existing fluid and or electrolyte deficits or excesses, on-going losses, review Fluid Balance chart, check for dehydration, fluid overload, hyperkalaemia / hypokalaemia.

R Redistribution

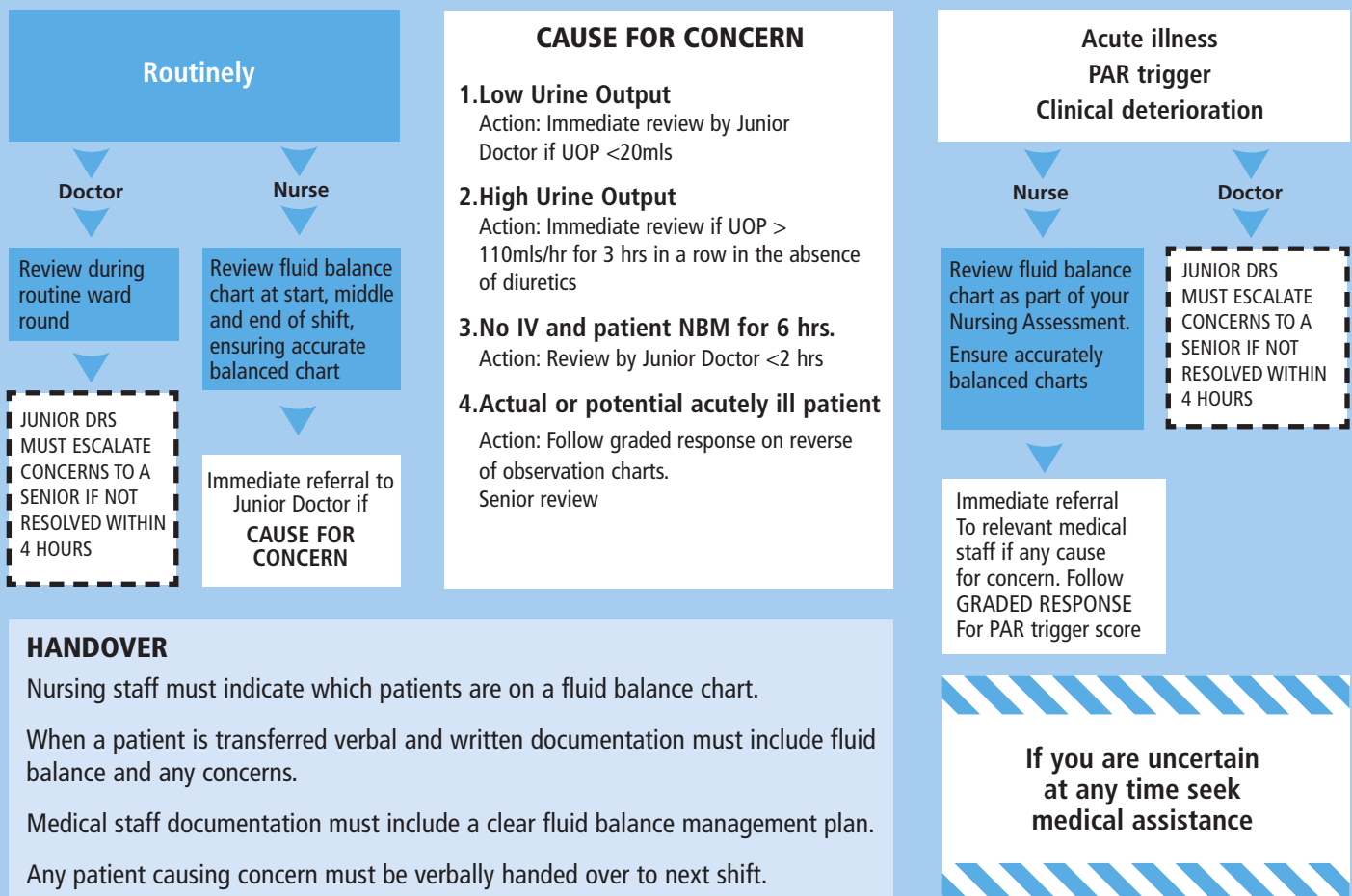
Check for oedema, sepsis, hypernatraemia, hyponatraemia, renal, liver or cardiac impairment, post op fluid retention, malnourished and refeeding issues.

R Reassessment

Using the ABCDE approach, assess the patient's likely fluid and electrolyte needs, clinical history, previous intake, thirst, abnormal losses, comorbidities, PAR score, review fluid chart, weight and laboratory assessments.

Add 50-100grams/per day Glucose (eg Glucose 5% contains 5g/100mls) For special considerations refer to NICE guidelines 174

When to review the patient's fluid status (Adapted from Central Manchester University Hospitals)



All users of this fluid chart must enter their specimen signature and initials

Print name	Signature	Initials

Print name	Signature	Initials