

FLUID PROTOCOL

Patient name: _____

Date	_____	_____	_____	_____	_____	_____	_____
Bed rest from - to	_____ pm to _____ am	_____ pm to _____ am	_____ pm to _____ am	_____ pm to _____ am	_____ pm to _____ am	_____ pm to _____ am	_____ pm to _____ am

	Drink	Visit to the toilet	Urine leakage		Drink	Visit to the toilet	Urine leakage		Drink	Visit to the toilet	Urine leakage		Drink	Visit to the toilet	Urine leakage		Drink	Visit to the toilet	Urine leakage		Drink	Visit to the toilet	Urine leakage
midnight																							
1 am																							
2 am																							
3 am																							
4 am																							
5 am																							
6 am																							
7 am																							
8 am																							
9 am																							
10 am																							
11 am																							
midday																							
1 pm																							
2 pm																							
3 pm																							
4 pm																							
5 pm																							
6 pm																							
7 pm																							
8 pm																							
9 pm																							
10 pm																							
11 pm																							

Drink: one dash per 100 ml (Example 400 ml) **Visit to the toilet:** one dash per visit (Example 3 times) **Urine leakage:** one dash per urine leakage (Example 1 time)