

## My fluid record

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To help us with your care, please keep track of how much you drink and how much urine you pass. Measuring fluids gives us important information about your health.

Your fluid record helps us know if:

- you are having trouble passing urine or emptying your bladder
- there is a balance of fluid going in and out of your body

Your nurse will explain what to do and tell you when to stop measuring fluids.

### What do I need to do?

#### 1. Measure how much you drink.

- Each time you drink, write the amount in the “IN” column of your fluid record.
- To help you, there is a list of amounts for common serving amounts on the back of the sheet.

#### 2. Try to empty your bladder every 3 to 4 hours.

- Your safety is important – the first time you get up, call the nurse for help.
- Emptying your bladder regularly can prevent problems.

#### 3. Measure how much urine you pass.

Each time you use the bathroom:

- Put the collection hat in the toilet.
- Fill up your squirt bottle to the top.
- Pass urine and then squirt all the water from the bottle to clean yourself.
- Note how much urine and water is in the hat.
- Empty and rinse the hat.
- Wash your hands.
- Write the amount in the “OUT: urine and water” column.



If you are not using the squirt bottle, write the amount of urine passed in the “OUT: Only urine” column of your fluid record.

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Common serving amounts		
Milk carton	small	125 ml
	large	250 ml
Plastic cup	small	180 ml
Styrofoam cup	large	300 ml
	full of ice chips	150 ml
Juice container	small	114 ml
Soup	from kitchen tray	140 ml
	ready to serve	212 ml
Ice cream		115 ml
Jello		125 ml
Hospital mug		200 ml
Can of pop		355 ml
Popsicle		50 ml

<b>Example</b> Between 7-8 am you: <ul style="list-style-type: none"> <li>drank a small carton of milk (125 ml) <u>and</u> had 1 popsicle (50 ml) = 175 ml</li> <li>passed 450 ml of urine and water</li> <li>passed gas and had a bowel movement</li> </ul>	Day	IN	OUT: Urine and water	OUT: Only urine	Passing Gas	Bowel Movement
	7 am	175 ml	450 ml		✓	✓

 Day	IN	OUT: Urine and water	OUT: Only urine	Passing Gas	Bowel Movement	 Night	IN	OUT: Urine and water	OUT: Only urine	Passing Gas	Bowel Movement
7 am						7 pm					
8 am						8 pm					
9 am						9 pm					
10 am						10 pm					
11 am						11 pm					
12 pm						12 am					
1 pm						1 am					
2 pm						2 am					
3 pm						3 am					
4 pm						4 am					
5 pm						5 am					
6 pm						6 am					

**Nurses note:** full peri-bottle = 240 mL