Nutrition and Fluid Balance Sheet

Patient Name _____ File Number _____ PIN _____
Age _____ Sex _____ Attending MD _____
Height (meter) _____ Weight (kg) _____

Fluid Intake Record

Date	Unit	Oral	Enteral	Tube Flush	Parenteral	IVDex	IVF2	Others	Total Intake

Fluid Output Record

Date	Unit	Urine	Drain1	Drain2	Stool	Insensible	Total Output	Fluid Balance

Calorie Intake Record

Date	Unit	Oral Calorie	Enteral Calorie	Parenteral Calorie	IVDex Calorie	Others	Total Calories	TCR	Calorie Balance

Protein Intake Record

Date	Unit	Oral Protein	Enteral Protein	Parenteral Protein	Others	Total Protein	TPR	Protein Balance