

## Fluid Restriction Daily Worksheet

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Room #: \_\_\_\_\_

### Nursing Medication Passes

	Time	mLs
11-7 Shift		

Total mLs \_\_\_\_\_

	Time	mLs
7-3 Shift		

Total mLs \_\_\_\_\_

	Time	mLs
3-11 Shift		

Total mLs \_\_\_\_\_

Nursing Total \_\_\_\_\_

### CNA/Food Service

	Fluid	mLs
11-7 Shift		

Total mLs \_\_\_\_\_

	Fluid	mLs
Breakfast		

Total mLs \_\_\_\_\_

	mLs
Lunch	

Total mLs \_\_\_\_\_

	Fluid	mLs
Dinner		

Total mLs \_\_\_\_\_

CNA/Food Service Total \_\_\_\_\_

**24-Hour Grand Total to Be Recorded on Sheet in MARs \_\_\_\_\_**

Milk carton=8 fl oz=240 mL; if  $\frac{3}{4}$  consumed=180 mL,  $\frac{1}{2}$ =120 mL,  $\frac{1}{4}$ =60 mL  
 Juice container=4 fl oz=120 mL; if  $\frac{3}{4}$ =90 mL,  $\frac{1}{2}$ =60 mL,  $\frac{1}{4}$ =30 mL  
 Coffee/tea mug=6 fl oz=180 mL; if  $\frac{3}{4}$ =135 mL, if  $\frac{1}{2}$ =90 mL, if  $\frac{1}{4}$ =45 mL  
 Soup/cereal bowl=6 fl oz=180 mL; if  $\frac{3}{4}$ =135 mL, if  $\frac{1}{2}$ =90 mL, if  $\frac{1}{4}$ =45 mL