



Jacqueline Larson M.S., R.D.
 Consultant Dietitian

Daily Fluid Intakes:

Name: _____ Date _____ RECORD PERCENTAGE OF FLUIDS CONSUMED IN ml.

Fluid Orders: _____ Diet Orders plus snacks: Orders _____

Date	Time	Amount	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NURSING																																	
	11-7 Shift																																
Initials																																	
	7-3 Shift																																
Initials																																	
	3-11 Shift																																
Initials																																	
DIETARY																																	
	11-7 Shift																																
Initials																																	
Breakfast																																	
Initials																																	
Lunch																																	
Initials																																	
Dinner																																	
Initials																																	
Total																																	
Initials																																	

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(Milk carton) 1 c. = 8 fl. Oz =240ml, if 3/4 consumed =180 mL, 1/2= 120 mL, 1/4=60mL (coffee/tea mug) 3/4 c. = 180mL, ; if 3/4 135 mL, 1/2 = 90 mL, if 1/4 = 45mL
 (juice) 1/2 c. = 4 fl oz. = 120 mL: if 3/4 = 90mL, 1/2 = 60mL, 1/4 = 30mL