

Patient Fluid Intake Tracker

[illegible]

Patient Name: _____

Target Fluid Intake: _____

Time	Beverage/Food (e.g., water, soup, fruit)	Amount (mL/oz)	Cumulative Total (mL/oz)

Daily Weight Tracking
Pre-Dialysis Weight: _____ kg/lbs.
Post-Dialysis Weight: _____ kg/lbs.
Weight Change: _____ kg./lbs.

Notes & Comments:

Reminder: Keep fluids intake within limits as recommended by your healthcare provider to avoid complications between dialysis sessions.