

Appendix 2 – Maternity Specific Fluid Balance Chart

Maternity Fluid Balance Chart							ADDRESSOGRAPH					
Date & time chart commence: _____												
Date & time chart completed: _____												
WARD:												
Indication for completion of chart:												
INSTRUCTIONS FOR 24 HOURS: All intravenous fluid therapy & drugs must be administered as prescribed on the ALL WALES PRESCRIPTION CHART. The 'Type' heading below refers to the fluid prescribed.												
INPUT							OUTPUT					
TIME	Intravenous fluids			Oral fluids			Urine		Gastric		Wound drainage	Measured blood loss
	Type	Vol. set up	Vol. given	Type	Vol.	Running total	Vol.	Running total	Vol.	Running total	Vol.	Vol.
Carried forward:												
4 Hr Total												
8 Hr Total												
12 Hr Total												

Total Input: mls

Fluid Balance +/-

mls TOTAL

Total Output: mls

Escalation for obstetric review required: Yes No

Indication to continue fluid balance chart: Yes No

Signature & print of practitioner discontinuing the chart: