

# Monthly Overview of Daily Fluid Intake

Month	Year	Name	DOB
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Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Non-oral fluids mls														
Type e.g. s/cut														
ROC to Drink Rating														
Oral Fluids mls > 1600														
Oral Fluids mls 1400 - 1600														
Oral Fluids mls 1200 - 1400														
Oral Fluids mls 1000 - 1200														
Oral Fluids mls 800 - 1000														
Oral Fluids mls 600 - 800														
Oral Fluids mls 400 - 600														
Oral Fluids mls 200 - 400														
Mouthcare 1-2 hrly (✓)														
<b>Initial</b>	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL

Day	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Non-oral fluids mls																	
Type e.g. s/cut																	
ROC to Drink Rating																	
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