



ENDOCRINOLOGY & DIABETES PROGRAM

Phone: _____ Fax: _____

Endocrinologist: _____ Nurse: _____

FLUID BALANCE RECORD

Date: _____

TIME	IN	OUT			DDAVP	COMMENTS
		URINE	URINE/STOOL	SPECIFIC GRAVITY		
12 AM						
1 AM						
2 AM						
3 AM						
4 AM						
5 AM						
6 AM						
7 AM						
8 AM						
9 AM						
10 AM						
11 AM						
12 PM						
1 PM						
2 PM						
3 PM						
4 PM						
5 PM						
6 PM						
7 PM						
8 PM						
9 PM						
10 PM						
11 PM						

Additional instructions: _____

For emergencies such as vomiting or diarrhea call your endocrinologist.