

PATIENT INSTRUCTIONS

For three consecutive days, please record the requested details regarding your fluid intake and urine output. If a measuring container is not available, please record estimated volumes.

Fluid Intake Tracking

Every time you have something to drink, please record it. You may record that you consumed a beverage over time or all at once.

For example, FLUID INTAKE may be recorded like this:

TIME	TYPE	VOLUME
7 - 8am	coffee	8 oz
10 - 11am	can of soda	12 oz
1pm	bottle of water	17 oz

Urine Output Tracking

Every time you void your bladder, please record it. In addition to recording the volume of urine that you pass, the Urine Output chart includes space for you to record sensations of urgency, whether you pass urine or not. Record the urge using a numbered ranking: 1 = normal/mild, 2 = moderate or 3 = strong/urgent.

For example, URINE OUTPUT may be recorded like this:

TIME	VOLUME	URGE
6am	8 oz	3
9:30am	0	3
noon	6 oz	2

Notes

Your healthcare provider may give you additional instructions in the NOTES section. If none are provided, you may use the space to make notes that are beneficial to share with your healthcare provider such as: *I leak urine when I sneeze.*

This Fluid Tracker is a complimentary resource. For information on Convatec Continence Care products and services, visit www.convatec.com. Thank you.



Proudly manufacturing GentleCath™ and Cure™ intermittent catheters

DAY 1: Date _____

FLUID INTAKE			URINE OUTPUT				
TIME	TYPE	VOLUME	TIME	VOLUME	URGE		
					1	2	3

NOTES: _____

DAY 2: Date _____

FLUID INTAKE			URINE OUTPUT				
TIME	TYPE	VOLUME	TIME	VOLUME	URGE		
					1	2	3

NOTES: _____

DAY 3: Date _____

FLUID INTAKE			URINE OUTPUT				
TIME	TYPE	VOLUME	TIME	VOLUME	URGE		
					1	2	3

NOTES: _____

