**Fluid Flow Recording Chart for completion at Home**

Instructions for completion are on the reverse of this chart.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Awake Time** **& Bed time** | **Day** **1** | **Day****2** | **Day****3** | **Day****4** | **Day****5** | **Day****6** | **Day****7** | **Day** **8** | **Day** **9** | **Day 10** | **Day 11** | **Day 12** | **Day 13** | **Day 14** |
| **Drinks** | **Urine/** **BO** | **Drinks** | **Urine/** **BO** | **Drinks** | **Urine/** **BO** |
| 6 am |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 am |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 am |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 am |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 am |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 am |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Midday |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Overnight (specify time):** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Volumes****Daytime****Bedtime** | *For Clinic Use Only* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Instructions for completing fluid chart for Parents and Carers**

***We need to measures all drinks in and urine out and bowels opened for at least 2 days (first 2-3 columns) and continue to record of bedwetting and bowels open for a full two weeks.***

Record all drinks, urine passed, bowels opened (BO), bedwetting, for example:

* ***500mls T*** - for 500mls sat on the toilet
* ***BO T*** - for Bowels open sat on toilet
* ***Wet N*** - Wet nappy/pull up
* ***BO N*** - Poo in nappy
* ***Wet A*** - Wee accident underwear/floor
* ***BO A*** - Poo accident underwear/floor

Urine amounts should be measured in mls using a suitable (old) jug

In the *drinks* column, record the time, amount and type of drink

If bedwetting occurs write *W* and an estimate of the amount of urine passed by writing, for example:

* ***W S*** - for a small amount
* ***W M*** - for a medium amount
* ***W L*** - for a large amount

If it is not possible to measure the amount of urine passed each time during every day (if you are out an about or at school), just write *T* to show a trip to the toilet

**INSTRUCTIONS FOR CHILDREN NOT TOILET TRAINED**

* The aim of this chart is to see if the child has the capacity to hold urine in their bladder.
* If the child can hold for up to two hours, consider toilet training.
* When the child gets up at the beginning of the day place a piece of kitchen roll into the nappy and check hourly to see if it is wet or dry.
* Replace the kitchen roll if it is wet, but the nappy can stay on until it is usually changed.