

HYDRATION MONITORING LOG

Resident Name: _____

Date: _____

Daily Goal: 64 oz / 1900 ml

Time Interval	Amount Intake (Check Box = 4oz / 120ml)	Urine Output / Color	Notes
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07:00 - 09:00			
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09:00 - 11:00			
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11:00 - 13:00			
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13:00 - 15:00			
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15:00 - 17:00			
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17:00 - 19:00			
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19:00 - Overnight			
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DAILY TOTAL

_____ OZ / ML

Caregiver Initials: _____

Urine Color Guide: 1-3: Hydrated 4-6: Mildly Dehydrated 7-8: Severely Dehydrated