INTERITM SYSTEM FLUID JOURNAL

Therapy L Numb		Therapy Unit Number: (First, Second, Third, etc.)														
Re		Record when this Therapy Unit was first connected.														
DATE		TIME	Therapy Unit Size			е	DATE			TIME	TIME		Therapy Unit Size			
				150 mL	 300 mL	500 mL					1		 300 mL	500 mL		
Record fluid levels at least twice per day, or as instructed by your doctor.								Record fluid levels at least twice per day, or as instructed by your doctor.								
DATE		TIME		FLUID LEVEL (Top of fluid in win			D	DATE		TIME FLU		UID LEVEL (Top of fluid in window)				
							1		\top							
Record when this Therapy Unit was disconnected.								Record when this Therapy Unit was disconnected.								
DATE TIME FLUID LE			VEL Was Therapy Unit Full? (Red stripe in circular band at top) YES NO			DATE						Was Therapy Unit Full? (Red stripe in circular band at top) YES NO				
Therapy Ui Numbe		Therapy Unit [First, Second, Third, etc.)														
Record when this Therapy Unit was first connected.								Record when this Thera				was firs	t connected			
DATE		TIME		Therapy		by Unit Size		DATE		TIME		Therapy Unit Size				
			1	L50 mL	300 mL	500 mL					1	50 mL	300 mL	500 mL		
Record fluid	least twice pe	ructed by yo	ur doctor.	Record	fluid lev	/els at	least twice p	er day, c	or as inst	ructed by yo	ur doctor.					
DATE		TIME		FLUID LEVEL (Top of fluid in		n window)	DATE		_	TIME		FLUID LEVEL (Top of fluid in window)				
									\perp							
Record when this Therapy Unit was disconnected.								Record when this Therapy Unit was disconnected.								
DATE TIME		FLUID LE			erapy Unit Full? e in circular band at top)		DATE	ТІІ	ME	FLUID LEVEL		Was Therapy Unit Full? (Red stripe in circular band at top) YES NO				