

Patientnamn:

Datum:

| Vätskesort (anges i ml) | Mängd | Klockan | Tillförd mängd (anges i ml) | Signatur |
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| Summa: | | | | |

- **Dricksglas stort - 200 ml**
- **Dricksglas litet - 150 ml**
- **Plastmugg stor - 175 ml**
- **Plastmugg liten - 125 ml**
- **Läskedrycksflaska - 330 ml**
- **Kaffekopp - 150 ml**
- **Pipmugg - 200 ml**
- **Soppskål - 200-300 ml**