

McLaren Flint
Fluid Collection Tool

Gender: M / F Age: _____ Weight in kg: _____ Date of Surgery: ___/___/___ Surgeon: _____						
Pre-op Hold		Volume Intake		Pre-op Labs		Date
Total Vol. Infused=A		Hgb/Hct		BUN/Creat		RN's Initial _____
Anesthesia Intra-op		Intake Volume=B		Urine Output=C		Blood Products (units)
Prebypass						PRBC
Bypass						FFP
Post Bypass						Cryo
Total						Platelets
Perfusion		Intake Volume		Output Volume		CCP's Initial _____
On Pump Total:		Hemoconcentrate				
Cell Saver Total:		Total waste				
PRBC		On pump Fluid Balance=D				
1st OR Hct		Lowest Hct		Last Hct		Total Fluid Balance (A+B-C+/-D)
Post-op care - CCU						
Weight upon adm: _____ kgs		POD #1		6a wt: _____ kgs		POD #2 6a wt: _____ kgs
Input						
	Day of Surgery		POD #1		POD #2	
SHIFT	DAYS 6P	NIGHTS 6A	DAYS 6P	NIGHTS 6A	DAYS 6P	NIGHTS 6A
Oral						
IV's (LR, NS, drips)						
Platelets						
PRBC						
FFP						
Cryo						
Albumin 5%						
Albumin 25%						
Hespan 5%						
Other:						
TOTAL IN						
OUTPUT						
	Day of Surgery		POD #1		POD #2	
SHIFT	DAYS 6P	NIGHTS 6A	DAYS 6P	NIGHTS 6A	DAYS 6P	NIGHTS 6A
Urine Output						
Chest Tube						
NG Drainage						
Leg Drainage						
Total Out						
RN's Initial						
Extubation Date and Time						
Reintubation	Yes / No	If yes, please record date and time				

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17803 (3-17)

This form is not part of the legal Health Record

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