

# WEEKLY LOG SHEET



How you want to be treated.

<b>1 cup = 8 oz. = 250 ml</b>			
Standard Volumes (St. Paul's Hospital)			
Soup Bowls	180 ml	Styro cup of ice chips	125 ml
Insulated Mug	180 ml	Packaged juice/milk	120 ml
Creamer	15 ml	Pop cans	335 ml
Styro	180 ml	Dessert/ice cream/jello	120 ml
White water cup	420 ml		

Name: \_\_\_\_\_

Fluid Restriction: \_\_\_\_\_

Goal/Dry Weight: \_\_\_\_\_

Date	Daily Weight (a.m.) (before breakfast)	Daily Fluid Intake Total (oral and IV)	Activity/Exercise (In time or distance)	Symptoms/Medication Changes
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Note the following signs and symptoms that may mean worsening heart failure or fluid retention:  
**SHORTNESS OF BREATH, WEIGHT GAIN OR LOSS, FATIGUE, SHORTNESS OF BREATH WHILE LYING DOWN OR AT NIGHT, ANKLE SWELLING OR ABDOMINAL SWELLING OR BLOATING.**

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If you gain 2 lb/day x 2 days or 5 lbs in a week, please call your physician or the Heart Function Clinic

