The Renal Preparedness Project

3. Fluid Restriction Tracker

THE RENAL PREPAREDNESS PROJECT *Daily Fluid Restriction Tracker Use this sheet to track your fluid intake during an emergency.*

Patient Name: _____ My Daily Fluid Limit (as set by my doctor): _____ oz / _____ mL **Date: _____**

Remember: Fluids include water, juice, coffee, tea, soup, ice cream, gelatin, and any food that is liquid at room temperature.

Time	What I Drank	Amount (oz)	Running Total (oz)
Morning			
Mid-Morning			
Noon			
Afternoon			
Evening			
Night			
DAILY TOTAL			

Did I stay within my limit today? □ Yes □ No

Notes / Symptoms: _____

Signs of Fluid Overload — Seek Care Immediately If You Notice:

- Swelling in legs, ankles, or feet
- Shortness of breath or difficulty breathing
- Sudden weight gain (2+ lbs in one day)
- Chest pain or pressure
- ⚠ Always follow your nephrologist's specific fluid guidelines. This tracker is a tool, not medical advice. The Renal Preparedness Project | renalpreparednessproject.org | 501(c)(3) Nonprofit