

Wound Drainage Record Sheet

It is important to bring this record sheet with you to all surgical follow-up appointments.
 Write in the date, time, amount and color of the fluid from each drain every time you empty a drain.

Date	Drain # _____ Amount and color of fluid		Drain # _____ Amount and color of fluid		Drain # _____ Amount and color of fluid	
	AM	PM	AM	PM	AM	PM
	_____ml color:	_____ml color:	_____ml color:	_____ml color:	_____ml color:	_____ml color:
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This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

Write in the date, time, amount and color of the fluid from each drain every time you empty a drain.

Date	Drain # _____ Amount and color of fluid		Drain # _____ Amount and color of fluid		Drain # _____ Amount and color of fluid	
	AM	PM	AM	PM	AM	PM
	_____ml color:	_____ml color:	_____ml color:	_____ml color:	_____ml color:	_____ml color:
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