

Fluid Portion Sizes

(1 Liter/Lt. = 1,000 ml/ml) (1 oz. = 30 ml/ml)

<u>Beverage/Food Items</u>	<u>Portion Size</u>	<u>Volume</u>
Coffee/Hot tea	7 oz. cup (6.3 oz fill)	190 ml
Cup, Hot or Cold, Nursing	9 oz. cup (8 oz fill)	240 ml
Ice cream (van, choc)	4 oz. cup	120 ml
Kate Farms	11 oz carton	330 ml
Boost Breeze/Plus/Glucose Control, Novasource Renal/Pediasure	8 oz. carton	240 ml
Mildly/Moderately thick juices	4 oz. carton	120 ml
Mildly/Moderately thick milk, water	8 oz. carton	240 ml
Jello, regular/diet	4 oz. plastic container	120 ml
Juices (Apple, Orange, Cranberry, Prune)	4 oz. container	120 ml
Milk (whole, LF, NF, Chocolate, Almond)	8 oz. carton	240 ml
Milk, Soy	8.25 oz. carton	250 ml
Pitcher, Pink, Nursing	35 oz. (28 oz fill)	860ml
Popsicles	3 oz. twin pop	90 ml
Tejava Iced Tea	12 oz. bottle	355 ml
Shakes (homemade)	12 oz. cup	360 ml
Sparkling Water, Gatorade	11 oz. can	330 ml
Shasta Cola/Lime/Gingerale	8 oz. can	240 ml
Soups	8 oz. Bowl (6 oz. Fill)	180 ml
Water, bottled	16.9 oz. bottle	500 ml

Correcting Menus with Fluid Restrictions:

1. The patient menu is corrected to give half of the total fluid restriction (50%) for the day. The other half is assumed to be needed by nursing.
2. Half of allow fluids will be distributed between 3 meals. Please note the following distribution guide unless otherwise specified by patient preference:

Fluid Restriction	Fluid Allowed		
	Breakfast	Lunch	Dinner
500 mL/day (.5 L)	no fluids	no fluids	≤ 240 ml
600 mL/day (.6 L)	no fluids	no fluids	≤ 240 ml
700 mL/day (.7 L)	no fluids	≤ 120 ml	≤ 240 ml
750 mL/day (.75 L)	no fluids	≤ 120 ml	≤ 240 ml
800 mL/day (.8 L)	no fluids	≤ 180 ml	≤ 240 ml
900 mL/day (.9 L)	no fluids	≤ 180 ml	≤ 240 ml
1000 mL/day (1L)	no fluids	≤ 180 ml	≤ 240 ml
1.2 L/day (1200 mL)	≤ 120 ml	≤ 240 ml	≤ 240 ml
1.5 L/day (1500 mL)	≤ 240 ml	≤ 240 ml	≤ 240 ml
1.8 L/day (1800 mL)	≤ 240 ml	≤ 240 ml	≤ 420 ml
2.0 L/day (2000 mL)	≤ 240 ml	≤ 420 ml	≤ 420 ml
2.5 L/day (2500 mL)	≤ 420 ml	≤ 420 ml	≤ 420 ml

3. Gravy/Sauce, 1oz. Non-dairy creamer, and Nutritional supplements such as Pediasure, Boost, Novasource Renal, and homemade shakes are not to be counted in the fluid restrictions. These are not counted so that nursing can use these for medication administration to improve calorie intake.
4. If patient ordered more fluids than what is allowed, send the ones with the high nutritive value and NOT the non-caloric ones, unless patient requests low calorie items. (i.e. send milk or soup VS tea or jello).
5. Refer to above chart for fluid sizes/volumes.