

Flow rate and frequency volume chart

Urology department

Urology Clinical Nurse Specialists

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Yeovil Hospital
Healthcare



Flow rate and frequency volume chart

You have been asked to attend an appointment with the urology nurses to check your urine flow.

A urine flow rate is a simple test to see how fast you pass water. For the test to be effective, it is important that you attend with a full bladder. Following the urine flow test, your bladder will be scanned to check if you empty your bladder completely.

Please can you read this leaflet carefully and complete the frequency volume chart overleaf. This will help us to have a clearer indication of your fluid input and output for three days prior to the test. It is important you bring this with you to your appointment.

If you have any questions or would like further information and advice, please contact:

Urology nurses
01935 384 394

Instructions

Before starting to fill in the chart you will need a small plastic measuring jug, with millilitres marked on it. It is best to choose two or three days when you know you will not be particularly busy (eg. over a weekend). They do not need to be consecutive days.

Type of drink - please write what sort of drink you had in this column (eg. tea, coffee, water).

Amount of drink - before you start, and to avoid having to measure every drink you have, please use the jug to measure the volume (amount of liquid it holds) of your usual cup/mug/glass and keep a note of these figures in the table below. Please then enter the appropriate volume in the column overleaf when you have a drink. The jug can then be used to measure the volume of urine passed.

Amount of urine passed - every time you pass urine, measure the amount in the measuring jug and record the amount in mls (millilitres). It is important to record the amount of urine passed during the night time as well as the day time and enter it in the appropriate column.

Wet/pads changed - please write wet every time you are wet and pad every time you changed a pad in the corresponding column, if this applies to you.

Please also note on the chart at what hour you woke up (by writing **woke**) and when you went to bed (by writing **bed**).

Complete the chart for three full days and bring it to your next appointment.

Thank you

Frequency volume chart

<i>Example</i>	Day 1			
Time	Type of drink	Amount of drink	Amount of urine	Wet/pad changed
6.00am				
7.00am	<i>woke</i>			
8.00am	<i>tea</i>	250		
9.00am			240	
10.00am	<i>coffee</i>	250		
11.00am			180	
12 noon				
1.00pm	<i>water</i>	175		
2.00pm				
3.00pm			320	
4.00pm	<i>tea</i>	250		
5.00pm				
6.00pm				
7.00pm			280	<i>pad</i>
8.00pm	<i>wine</i>	175		
9.00pm				
10.00pm	<i>coffee</i>	150	130	
11.00pm	<i>bed</i>			
12 midnight				
1.00am				
2.00am				
3.00am			170	
4.00am				
5.00am				

Day 1

Time	Type of drink	Amount of drink	Amount of urine passed	Wet/pad changed
6am				
7am				
8am				
9am				
10am				
11am				
12pm				
1pm				
2pm				
3pm				
4pm				
5pm				
6pm				
7pm				
8pm				
9pm				
10pm				
11pm				
Midnight				
1am				
2am				
3am				
4am				
5am				
Totals				

Day 2

Time	Type of drink	Amount of drink	Amount of urine passed	Wet/pad changed
6am				
7am				
8am				
9am				
10am				
11am				
12pm				
1pm				
2pm				
3pm				
4pm				
5pm				
6pm				
7pm				
8pm				
9pm				
10pm				
11pm				
Midnight				
1am				
2am				
3am				
4am				
5am				
Totals				

Day 3

Time	Type of drink	Amount of drink	Amount of urine passed	Wet/pad changed
6am				
7am				
8am				
9am				
10am				
11am				
12pm				
1pm				
2pm				
3pm				
4pm				
5pm				
6pm				
7pm				
8pm				
9pm				
10pm				
11pm				
Midnight				
1am				
2am				
3am				
4am				
5am				
Totals				

If you would like this leaflet in another format or in a different language, please ask a member of staff.

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