**Post Trial without Catheter voiding chart**

Name:

Date and time catheter removed or first clamped:

|  |  |  |  |
| --- | --- | --- | --- |
| TIME | Amount of  fluid drunk | Amount of urine  passed (mls) | Comments (Pain, Stinging,  Bleeding, Poor Flow) |
| 8.00am |  |  |  |
| 9.00am |  |  |  |
| 10.00am |  |  |  |
| 11.00am |  |  |  |
| 12.00pm |  |  |  |
| 1.00pm |  |  |  |
| 2.00pm |  |  |  |
| 3.00pm |  |  |  |
| 4.00pm |  |  |  |
| 5.00pm |  |  |  |
| 6.00pm |  |  |  |
| 7.00pm |  |  |  |
| 8.00pm |  |  |  |
| 9.00pm |  |  |  |
| 10.00pm |  |  |  |
| 11.00pm |  |  |  |
| 12.00am |  |  |  |
| 1.00am |  |  |  |
| 2.00am |  |  |  |
| 3.00am |  |  |  |
| 4.00am |  |  |  |
| 5.00am |  |  |  |
| 6.00am |  |  |  |
| 7.00am |  |  |  |