

## **DRAIN RECORD**

**Abdomen or Breast Drain (circle one)**

	<u><b>LEFT SIDE</b></u>	<u><b>RIGHT SIDE</b></u>
<b>1<sup>st</sup> Day</b>	AM _____ cc	AM _____ cc
Date:	PM _____ cc	PM _____ cc
__/__/__	Total _____ cc	Total _____ cc
<hr/>		
<b>2<sup>nd</sup> Day</b>	AM _____ cc	AM _____ cc
Date:	PM _____ cc	PM _____ cc
__/__/__	Total _____ cc	Total _____ cc
<hr/>		
<b>3<sup>rd</sup> Day</b>	AM _____ cc	AM _____ cc
Date:	PM _____ cc	PM _____ cc
__/__/__	Total _____ cc	Total _____ cc
<hr/>		
<b>4<sup>th</sup> Day</b>	AM _____ cc	AM _____ cc
Date:	PM _____ cc	PM _____ cc
__/__/__	Total _____ cc	Total _____ cc
<hr/>		
<b>5<sup>th</sup> Day</b>	AM _____ cc	AM _____ cc
Date:	PM _____ cc	PM _____ cc
__/__/__	Total _____ cc	Total _____ cc
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<b>6<sup>th</sup> Day</b>	AM _____ cc	AM _____ cc
Date:	PM _____ cc	PM _____ cc
__/__/__	Total _____ cc	Total _____ cc
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<b>7<sup>th</sup> Day</b>	AM _____ cc	AM _____ cc
Date:	PM _____ cc	PM _____ cc
__/__/__	Total _____ cc	Total _____ cc
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