DAILY TREATMENT TRACKER

One row per treatment: weight, fluid, blood pressure, treatment status, and how you felt, all on one page.

Name: **Week of:**

Usual Treatment Days: M W F / T Th S

MY CURRENT CARE-TEAM INFORMATION

Fill these in only if your care team has given them to you.

Target Weight: *kg / lb* **Fluid limit:** *per day*

Weigh at the same time, in similar clothing, without shoes. Numbers above are set by your care team, not by this printable.

DATE	WEIGHT PRE	WEIGHT POST	FLUID REMOVED / UF	BP PRE → POST	TREATMENT TIME	HOW I FELT / NOTES

This **combines five things your care team already watches** — weight, fluid, blood pressure, whether treatment ran full-length, and how you felt — onto one page. It doesn't set any targets; those numbers are still set by your care team. In the Treatment column, note Full, Shortened, or Missed. Prefer to track just one thing in more depth? See the individual logs at renalcareplanner.com/planning-tools

Renal Care Planner provides general educational information and planning resources.
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