

# Drain Measurement Log

Use this log to record drainage from your surgical drain. Bring this log with you to your doctor appointments.

DATE	TIME OF DAY	AMOUNT	COLOR	CONSISTENCY	COMMENT
Day 1 DATE: ____/____	Morning				
	Afternoon				
	Night				
Day 2 DATE: ____/____	Morning				
	Afternoon				
	Night				
Day 3 DATE: ____/____	Morning				
	Afternoon				
	Night				
Day 4 DATE: ____/____	Morning				
	Afternoon				
	Night				
Day 5 DATE: ____/____	Morning				
	Afternoon				
	Night				
Day 6 DATE: ____/____	Morning				
	Afternoon				
	Night				
Day 7 DATE: ____/____	Morning				
	Afternoon				
	Night				
Day 8 DATE: ____/____	Morning				
	Afternoon				
	Night				