INTAKE AND OUTPUT RECORD

NAME_____

Equivalents: 1oz = 30cc

Juice cup, serving of jello, ice cream, sherbet = 4oz = 120ccSoup = 6oz = 180ccMilk carton, coffee mug, plastic cold cup = 8oz = 240ccStyrofoam cups 6 oz = 180cc; 7oz = 210ccSoft drinks: 12oz can = 360cc; 10oz bottle = 300cc; 16oz bottle = 480cc

Record for Intake:

Water, milk, Ensure, soup, coffee, tea, kool-aid, soft drinks, fruit juices, ice cream, sherbet, gelatin, and IV fluids

Record for Output:

Urine, vomitus, excessive perspiration, blood, and wound drainage, liquid stools For urine output, record time voided or time found wet for incontinent persons.

INTAKE AMOUNT IN COSTYPE OF INTAKEIII		wet for incontinent persons.				
Image: sector of the sector		AMOUNT		THE	AMOUNT	
TIME (7-3) Image: Constraint of the sector of the sect	TIVIE (11-7)	IN CCS	TYPE OF INTAKE	TIME	INCCS	TYPE OF OUTPUT
TIME (7-3) Image: Constraint of the sector of the sect						
TIME (7-3) Image: Constraint of the sector of the sect						
TIME (7-3) Image: Constraint of the sector of the sect						
TIME (7-3) Image: Constraint of the sector of the sect						
TIME (7-3) Image: Constraint of the sector of the sect						
TIME (7-3) Image: Constraint of the sector of the sect						
TIME (7-3) Image: Constraint of the sector of the sect						
Image: section of the section of th	TOTAL					
Image: section of the section of th						
TIME (3-11) Image: Constraint of the second sec	TIVE $(7-3)$					
TIME (3-11) Image: Constraint of the second sec						
TIME (3-11) Image: Constraint of the second sec						
TIME (3-11) Image: Constraint of the second sec						
TIME (3-11) Image: Constraint of the second sec						
TIME (3-11) Image: Constraint of the second sec						
TIME (3-11) Image: Constraint of the second sec						
TIME (3-11) Image: Constraint of the second sec	TOTAL					
Image: state s	TOTAL					
Image: state s	TIME (3-11)					
				1		
	TOTAL					
24 HR TOTAL						
	24 HR TOTAL					

* Record amount of urine/void only if ordered by M.D.

If person does not urinate/void for 8 hours, call your nurse or supervisor.

Outreach Services of Indiana

OR-FN-HS-NU-36(11-9-09)

*If Client does not void for 12 hours, call your Nurse.