

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET						FROM _____ HOURS	TOTAL HOURS COVERED	DATE		
						TO _____ HOURS				
INTAKE										
ORAL					INTRAVENOUS					
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE <i>(Include Medications)</i>	AMOUNT RECD	TIME COMPL	ACCUM TOTAL	
					IRRIGATIONS (N/G, Bladder, etc.)					
				TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL			
BLOOD/BLOOD DERIVATIVES										
TIME STARTED	PRODUCT <i>(i.e. B1, Alb, P. cells etc.)</i>	TIME COMPL	AMOUNT	ACCUM TOTAL	OTHER INTAKE					
					TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL		
GRAND TOTAL INTAKE										

OUTPUT										
URINE						NASOGASTRIC				
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL	
CHEST						EMESIS				
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL	
STOOLS						OTHER OUTPUT				
TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL						
					TIME	AMOUNT	TYPE	ACCUM TOTAL		
						GRAND TOTAL OUTPUT				

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

INTAKE EQUIVALENTS <i>(Serving levels cc)</i>	
MEDICINE GLASS (1 oz)	30
SMALL FRUIT CUP	120
COFFEE MUG	160
LARGE COFFEE MUG	180
HALF PINT MILK	240
LARGE SOUP BOWL	240
LARGE WATER GLASS	240
PLASTIC OR PAPER JUICE CONTAINER	180