Memorial Hospital

DATE

IMPRINT WITH PATIENT CHARGE PLATE

INTAKE AND OUTPUT IN CC.

Today's Wt: _____ kilo

INTAKE						OUTPUT						
TIME	ORAL	TUBE FEEDING	PARENTERAL TYPE & AMOUNT	RATE	AMT. ABS	TIME	URINE	STOOL	JP / HEMOVAC	NGT RESIDUAL		COMMENTS
24 Hr. Totals:												

Total 24 Hr. Intake: _____

Total 24 Hr. Output: _____

IV THERAPY CARE

Time	Inserted By	Size	Type	Location	Tubing Change	Dressing Change	Adapt. H.L.	Description (Patency / Reasons for Removal / C & S)