

Your  
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# BEDSIDE INTAKE & OUTPUT

DATE:

PATIENT IDENTIFICATION

SHIFT	INTAKE							OUTPUT						
	PARENTERAL FLUID				TUBE FEEDING		ORAL	TIME	URINE	GU IRRIGANT			EMESIS / DRAINS	OTHER
	TIME	TYPE	UP	IN	AMT UP	AMT	AMT			UP	IN	OUT		
0 - 2														
8 HOUR TOTAL														
2 - 3														
8 HOUR TOTAL														
3 - 11														
8 HOUR TOTAL														
24 HOUR TOTAL														

BOWL - Soup - - - - - 220ml  
 CUPS - White on Tray (6oz) (Styrofoam) - - - - 180ml  
       - Large (16 oz) (Styrofoam) - - - - - 480ml  
 CAN OF Coke, Gingerale, Pepsi (small) - - - - 240ml  
 CARTON OF MILK (1 pt) - - - - - 240ml  
 CREAMER - - - - - 15ml  
 EGGNOG (5 oz cup) - - - - - 150ml  
 FRUIT ICE (4 oz) - - - - - 120ml  
 ICE CREAM (4 oz) - - - - - 120ml  
 ICE CUBE (4 oz) - - - - - 7ml  
 LEMON JUICE (1 pack) - - - - - 5ml

ICE - crushed, cracked, shaved  
       - Full container of ice is 1/2 of the liquid  
       volume, eg, Plastic glass of ice 180ml (6oz) - - - - 90ml  
 ICED TEAL (one cup with ice from Dietary) - - - - 180ml  
 JELLO (one serving) (4 oz) - - - - - 120ml  
 JUICE (one sealed container) (4 oz) - - - - - 120ml  
 MILK SHAKE (8 oz cup) - - - - - 240ml  
 SUPPLEMENTAL FEEDINGS  
       Resource - - - - - 250ml  
       Resource Plus - - - - - 250ml  
       IsoSource - - - - - 250ml  
 TUBE FEEDING (COMPLEAT B) (8oz) - - - - - 240ml  
 CUP (plastic on tray) (5 oz) - - - - - 240ml

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