

INTAKE/OUTPUT RECORD



NAME: _____

WEEK#: _____

Date:	H2O	Fluids	Urine	BM	Vomit	Staff Initials
7am-3pm						
3pm-11pm						
11pm-7am						

Date:	H2O	Fluids	Urine	BM	Vomit	Staff Initials
7am-3pm						
3pm-11pm						
11pm-7am						

Date:	H2O	Fluids	Urine	BM	Vomit	Staff Initials
7am-3pm						
3pm-11pm						
11pm-7am						

Date:	H2O	Fluids	Urine	BM	Vomit	Staff Initials
7am-3pm						
3pm-11pm						
11pm-7am						

Date:	H2O	Fluids	Urine	BM	Vomit	Staff Initials
7am-3pm						
3pm-11pm						
11pm-7am						

Date:	H2O	Fluids	Urine	BM	Vomit	Staff Initials
7am-3pm						
3pm-11pm						
11pm-7am						

Date:	H2O	Fluids	Urine	BM	Vomit	Staff Initials
7am-3pm						
3pm-11pm						
11pm-7am						