CARE
HEALTH SERVICES

INTAKE AND OUTPUT RECORD

DATE: _____

DATE	CURRENT DIET/TUBE FEED

Fluid Restriction

_____
_____
_____
_____
_____

Tube Feed set-up changed @ _____

INTAKE									OUTPUT							
ENTERAL					PARENTERAL											
TIME	PO LIQUID/SOLID	TUBE FEEDING			TIME	FLUID / RATE	UP	IN	TIME	URINE	GI	CT			STOOL / EMESIS	8 HOUR TOTAL OUT
		RATE	IN	FLUSH												
22 - 06 TOTAL									22 - 06 TOTAL							
06 - 14 TOTAL									06 - 14 TOTAL							
14 - 22 TOTAL									14 - 22 TOTAL							
24 HOUR TOTALS									24 HOUR TOTALS							