

FLUID-INTAKE & OUTPUT RECORD

Name: _____ Date: _____

Time	FLUID INTAKE cc's										URINE OUTPUT cc's					EMESIS (VOMITING) cc's	
	0 (Oral or e (G-tube))	Two-Catheter Measure (circle one & list amount)	Water (Amount)	Juice (Amount)	Other (milk, soup, jelly) (Amount)	Staff Initials	Urine Drainage Bag (Amount)	Urine Catheterization (Amount)	Urine Appearance (color, consistency, sediment)	Wet Diaper (check box)	Staff Initials	Staff Initials	Staff Initials	Staff Initials	Staff Initials		
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TOTALS:																	

Staff Name: _____ Initial: _____ Staff Name: _____ Initial: _____ Staff Name: _____ Initial: _____