12 HOUR INTAKE

Time	Amount	Oral/NG	Total	Time	Int	Amt	#	IV Solution	Rate	Infused	Total
12 hour PO Intake										**12 Hour IV Intake**	

12 HOUR OUTPUT

Time	Urine	Amt	Total	Time	Emesis	Amt	Total	Time	Other	Amt	Total	Time	BM	Total
12 Hour Urine Output				**12 Hour Emesis Out**				**12 Hour Other Out**				**12 Hr BM Out**		

12 HOUR TOTAL INTAKE	**PO/NG** _____ \ _____ **IV** _____ /		**12 HOUR TOTAL OUTPUT**	**Urine** _____ **Emesis** _____ \ _____ **Other** _____ /

IV START				
Date	Time	Size	Site	Initial
IV CARE				
Date	Time	Tubing Δ'd	Dressing Δ'd	Initial

INITIAL KEY	
Initials	Signature

ADDRESSOGRAPH: **DATE: _____ 0700-1900 / 1900-0700**