

Intake and Output Assessment

Intake And Output Assessment

Intake, PO	
PO Intake Amount	<input type="text"/> (mls)
Oral Supplement Given	<input type="text"/>
Oral Supplement Amount	<input type="text"/> (ml(s))
PO Intake Comment	<input style="width: 90%;" type="text"/>
Nutritional Additive	
Nutritional Additive Type	<input type="checkbox"/> Protein Additive <input type="checkbox"/> Fiber <input type="checkbox"/> Other
Nutritional Additive Type Comment	<input type="text"/>
Amount of Protein Additive Given	<input type="text"/> (Pkt(s))
Route Administered (Protein Additive)	<input type="checkbox"/> NG <input type="checkbox"/> PEG <input type="checkbox"/> PO <input type="checkbox"/> OG <input type="checkbox"/> PEJ <input type="checkbox"/> Other
Route Administered (Protein Additive) Other Comment	<input type="text"/>
Amount of Fiber Given	<input type="text"/> (Pkt(s)/Tbsp)
Route Administered (Fiber)	<input type="checkbox"/> NG <input type="checkbox"/> PEG <input type="checkbox"/> PO <input type="checkbox"/> OG <input type="checkbox"/> PEJ <input type="checkbox"/> Other
Route Administered (Fiber) Other Comment	<input type="text"/>
Nutritional Additive Comment	<input style="width: 90%;" type="text"/>
Intake, Enteral Feed	
Enteral Tube Feeding Amount	<input type="text"/> (ml(s))
Tube Feeding Residual Amount	<input type="text"/> (ml(s))
Flush Amount	<input type="text"/> (ml(s))
Free Water Intake	<input type="text"/> (ml)
Intake, Other	
Intake, Other Amount	<input type="text"/> (mls)
Intake, Other Amount Comment	<input type="text"/>

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Output, Urine - Occurrence #1	
→ Voiding Method	<input type="radio"/> 3-Way Catheter <input type="radio"/> Ileal Conduit <input type="radio"/> Pediatric Diaper <input type="radio"/> Adult Disposable Brief <input type="radio"/> Incontinence <input type="radio"/> Self Catheterization <input type="radio"/> Bedpan <input type="radio"/> Indwelling Catheter <input type="radio"/> Suprapubic Catheter <input type="radio"/> Bedside Commode <input type="radio"/> Intermittent Catheter <input type="radio"/> Toilet <input type="radio"/> Condom Catheter <input type="radio"/> Left Nephrostomy <input type="radio"/> Right Nephrostomy <input type="radio"/> Urinal <input type="radio"/> Other <input style="width: 100px;" type="text"/>
Number Of Unmeasurable Voids	<input style="width: 100px;" type="text"/>
Output, Urine Amount	<input style="width: 100px;" type="text"/> (mls)
Urine Color	If weighing a diaper 1 gram = 1 ml <input type="radio"/> Blue <input type="radio"/> Dark Amber <input type="radio"/> Light Amber <input type="radio"/> Pink <input type="radio"/> Bright Red <input type="radio"/> Dark Red <input type="radio"/> Orange <input type="radio"/> Yellow <input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Pale <input type="radio"/> Other <input style="width: 100px;" type="text"/>
Urine Appearance	<input type="checkbox"/> Clear <input type="checkbox"/> Hematuria <input type="checkbox"/> Sediment <input type="checkbox"/> Clots <input type="checkbox"/> Purulent <input type="checkbox"/> Stones/Calculi <input type="checkbox"/> Cloudy
Urine Odor	<input type="radio"/> Foul <input type="radio"/> Strong <input type="radio"/> Sweet <input type="radio"/> Other <input style="width: 100px;" type="text"/>
Bladder Irrigation	
Irrigation Solutions	<input type="radio"/> Glycol Solution <input type="radio"/> See eMAR <input type="radio"/> Normal Saline <input type="radio"/> Other <input style="width: 100px;" type="text"/>
Bladder Irrigation Amount	<input style="width: 100px;" type="text"/> (mls)
Calculated Total Urine Output	
Calculated Total Urine Output	<input style="width: 100px;" type="text"/> (mls)
Output, GU Ostomy - Occurrence #1	
→ Urinary Stoma Location	<input type="radio"/> Left Upper Abdomen <input type="radio"/> Right Upper Abdomen <input type="radio"/> Midline Abdomen <input type="radio"/> Left Lower Abdomen <input type="radio"/> Right Lower Abdomen
→ GU Ostomy Diversion Type	<input type="radio"/> Ileal Conduit/Urostomy <input type="radio"/> Other <input style="width: 100px;" type="text"/>
GU Ostomy Output Amount	<input style="width: 100px;" type="text"/> (ml(s))
GU Ostomy Drainage Description	<input type="checkbox"/> Clear <input type="checkbox"/> Hematuria <input type="checkbox"/> Sediment <input type="checkbox"/> Clots <input type="checkbox"/> Purulent <input type="checkbox"/> Stones/Calculi <input type="checkbox"/> Cloudy
GU Ostomy Drainage Color	<input type="checkbox"/> Blue <input type="checkbox"/> Dark Amber <input type="checkbox"/> Light Amber <input type="checkbox"/> Pink <input type="checkbox"/> Bright Red <input type="checkbox"/> Dark Red <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Pale
GU Ostomy Output Comment	<input style="width: 100%; height: 20px;" type="text"/>

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CRRT	
Output, CRRT	<input type="text"/>
Output, Stool	
Bowel Elimination Method	<input type="radio"/> Adult Disposable Brief <input type="radio"/> Rectal Tube <input type="radio"/> Bedpan <input type="radio"/> Toilet <input type="radio"/> Bedside Commode <input type="radio"/> Other <input type="text"/>
Output, Number Of Bowel Movements	<input type="text"/>
Date Of Last Bowel Movement	<input type="text"/>
Number Of Bowel Incontinences	<input type="text"/>
Bowel Movement Size	<input type="radio"/> Copious <input type="radio"/> Medium <input type="radio"/> Small <input type="radio"/> Large <input type="radio"/> Moderate <input type="radio"/> Smear
Liquid Stool Amount	<input type="text"/> (mls)
Rectal Tube Flush Amount	<input type="text"/> (mls)
Liquid Stool Total Output	<input type="text"/> (mls)
Total equals Liquid Stool Amount minus Rectal Tube Flush Amount	
Stool Characteristics	<input type="checkbox"/> Black <input type="checkbox"/> Dark Red <input type="checkbox"/> Mucoid <input type="checkbox"/> Foul Smelling <input type="checkbox"/> Bright Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Yellow
Other Stool Characteristics Description	<input type="text"/>
Stool Type (Bristol Stool Chart)	<input type="radio"/> Type 1 <input type="radio"/> Type 2 <input type="radio"/> Type 3 <input type="radio"/> Type 4 <input type="radio"/> Type 5 <input type="radio"/> Type 6 Notify Nurse <input type="radio"/> Type 7 Notify Nurse Type 1: Separate hard lumps, like nuts (difficult to pass) Type 2: Sausage-shaped but lumpy Type 3: Like a sausage but with cracks on its surface Type 4: Like a sausage or snake, smooth and soft Type 5: Soft blobs with clear-cut edges (passed easily) Type 6: Fluffy pieces with ragged edges, a mushy stool *Notify Nurse* Type 7: Water, no solid pieces. Entirely Liquid *Notify Nurse*
Output, GI Ostomy - Occurrence #1	
→ GI Stoma Location	<input type="radio"/> Left Upper Abdomen <input type="radio"/> Right Upper Abdomen <input type="radio"/> Midline Abdomen <input type="radio"/> Left Lower Abdomen <input type="radio"/> Right Lower Abdomen
→ GI Ostomy Diversion Type	<input type="radio"/> Colostomy <input type="radio"/> Ileostomy <input type="radio"/> Other <input type="text"/>
GI Ostomy Output Amount	<input type="text"/> (ml(s))
GI Ostomy Output Description	<input type="checkbox"/> Black <input type="checkbox"/> Dark Red <input type="checkbox"/> Mucoid <input type="checkbox"/> Foul Smelling <input type="checkbox"/> Bright Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Yellow
Other Stool Characteristics Description	<input type="text"/>
Stool Type (Bristol Stool Chart)	<input type="radio"/> Type 1 <input type="radio"/> Type 2 <input type="radio"/> Type 3 <input type="radio"/> Type 4 <input type="radio"/> Type 5 <input type="radio"/> Type 6 Notify Nurse <input type="radio"/> Type 7 Notify Nurse Type 1: Separate hard lumps, like nuts (difficult to pass) Type 2: Sausage-shaped but lumpy Type 3: Like a sausage but with cracks on its surface Type 4: Like a sausage or snake, smooth and soft Type 5: Soft blobs with clear-cut edges (passed easily) Type 6: Fluffy pieces with ragged edges, a mushy stool *Notify Nurse* Type 7: Water, no solid pieces. Entirely Liquid *Notify Nurse*
GI Ostomy Output Comment	<input type="text"/>

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Output, Emesis	
Number Of Unmeasurable Emesis	<input type="text"/>
Unmeasurable Emesis Size	<input type="radio"/> Small <input type="radio"/> Moderate <input type="radio"/> Large
Emesis Amount	<input type="text"/> (mls)
Emesis Description	<input type="checkbox"/> Bile <input type="checkbox"/> Clear <input type="checkbox"/> Projectile <input type="checkbox"/> Blood Tinged <input type="checkbox"/> Coffee Grounds <input type="checkbox"/> Undigested Food <input type="checkbox"/> Bright Red Blood <input type="checkbox"/> Fecal <input type="checkbox"/> Other
Other Emesis Description	<input type="text"/>
Output, Blood Loss	
Output, Estimated Blood Loss	<input type="text"/> (mls)
Output, Quantitative Blood Loss	<input type="text"/> (mls)
Output, Gastric Drainage - Occurrence #1	
→ Gastric Tube Location	<input type="radio"/> Left Naris <input type="radio"/> Right Naris <input type="radio"/> Abdomen <input type="radio"/> Oral
→ Gastric Tube Type	<input type="radio"/> G Tube <input type="radio"/> J Tube <input type="radio"/> PEG Tube <input type="radio"/> G-J Tube: G Port <input type="radio"/> NG Tube <input type="radio"/> Post Pyloric Feeding Tube <input type="radio"/> G-J Tube: J Port <input type="radio"/> OG Tube <input type="radio"/> Small Bore Feeding Tube <input type="radio"/> Other <input type="text"/>
Gastric Drainage Amount	<input type="text"/> (ml(s))
Tube Feeding Residual Discarded Amount	<input type="text"/> (ml(s))
Gastric Tube Drainage Description	<input type="checkbox"/> None <input type="checkbox"/> Coffee Grounds <input type="checkbox"/> Sanguineous <input type="checkbox"/> Blood Tinged <input type="checkbox"/> Dark Red <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Bright Red <input type="checkbox"/> Fecal <input type="checkbox"/> Serous <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Undigested Food <input type="checkbox"/> Clear <input type="checkbox"/> Pink <input type="checkbox"/> Other <input type="checkbox"/> Cloudy <input type="checkbox"/> Purulent
Other Gastric Tube Drainage Description	<input type="text"/>
Gastric Lavage Amount	<input type="text"/> (ml(s))
Gastric Drainage Total Output	<input type="text"/> (ml) Total equals Gastric Drainage Amount minus Gastric Lavage Amount
Output, Chest Tube - Occurrence #1	
→ Chest Tube Location	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> Left Anterior Lateral <input type="checkbox"/> Right Anterior Lateral <input type="checkbox"/> Left Anterior Lower <input type="checkbox"/> Right Anterior Lower <input type="checkbox"/> Left Anterior Midline <input type="checkbox"/> Right Anterior Midline <input type="checkbox"/> Left Anterior Upper <input type="checkbox"/> Right Anterior Upper <input type="checkbox"/> Left Posterior Lateral <input type="checkbox"/> Right Posterior Lateral <input type="checkbox"/> Left Posterior Lower <input type="checkbox"/> Right Posterior Lower <input type="checkbox"/> Left Posterior Midline <input type="checkbox"/> Right Posterior Midline <input type="checkbox"/> Left Posterior Upper <input type="checkbox"/> Right Posterior Upper <input type="checkbox"/> Mediastinal
Output, CT Drainage Amount	<input type="text"/> (ml(s))
Chest Tube Drainage Description	<input type="checkbox"/> Brown <input type="checkbox"/> Clots <input type="checkbox"/> Sanguineous <input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Serous <input type="checkbox"/> Cloudy <input type="checkbox"/> Purulent <input type="checkbox"/> Yellow

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[-] Output, Drains - Occurrence #1	
→ Drain Location Modifier	
→ Drain Location	
→ Drain Type	T-Tube
Drain Flush Amount	<input style="width: 80%;" type="text"/> (mls)
Output Drain Amount	<input style="width: 80%;" type="text"/> (mls)
Drainage Description	<input type="radio"/> Blue <input type="radio"/> Cloudy <input type="radio"/> Serosanguineous <input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Serous <input type="radio"/> Bright Red <input type="radio"/> Purulent <input type="radio"/> Yellow <input type="radio"/> Clear <input type="radio"/> Sangineous <input type="radio"/> No Drainage <input type="radio"/> Clot(s) <input type="radio"/> Sediment <input type="radio"/> Other <input style="width: 150px;" type="text"/>
Drain Total Output	<input style="width: 80%;" type="text"/> Total equals Drainage Amount minus Drain Flush Amount
Miscellaneous Output	
Output, Ventriculostomy Amount	<input style="width: 80%;" type="text"/> (ml(s))
Output, Pleural Fluid Amount	<input style="width: 80%;" type="text"/> (mls)
Output, Peritoneal Fluid Amount	<input style="width: 80%;" type="text"/> (mls)
Output, Other Amount	<input style="width: 80%;" type="text"/> (mls)
Output, Other Amount Comment	<input style="width: 90%;" type="text"/>
Intake and Output Comment	
Comment	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

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