

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	10-6 Intake*																															
	6-2 Intake																															
I	2-10 Intake																															
	Total Intake																															
&	10-6 Urine																															
	10-2 Vomitus																															
O	6-2 Urine																															
	6-2 Vomitus																															
	2-10 Urine																															
	2-10 Vomitus																															
	Total Output																															
	IV Site Care																															
E	Placement Check																															
N	Residual																															
T	Site Care																															
E	Tube Size																															
R	Date Replaced																															
A																																
L																																
	Others																															
	6-2 Initials																															
	2-10 Initials																															
	10-6 Initials																															

*Intake would include any po, tube (including flushes) and IV fluids

Signatures

Initials

Signatures

Initials

_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____

Key Code

- N= See Nurses Notes
- P= See Pressure Ulcer Report
- æ= Task completed and within normal limits
- H= Heavy menses flow
- M= Moderate menses flow
- L= Light menses flow
- + = positive finding, - = negative finding