

Division:

☐ ASD ☐ GPD**Instructions:** Intake and Output must be monitored every shift unless otherwise ordered. The daily total must be tallied by the night shift RN or designee.

MD/APRN Notification Parameters: Notify MD/APRN via the medical rounds board when intake decreases below 1500 mL or Output falls below 800 mL in a 24 hour period or No output in an 8 hour period and complete a Dehydration Assessment CVH-671.

Serving Sizes:

Milk Carton 240 mL
 Jello 120 mL
 Ice Cream 120 mL
 Popsicle 90 mL
 Boost 240 mL

Containers:

Styrofoam Cup 240 mL
 Plastic Cup 150/210 mL
 Juice Carton 120 mL
 Soup Container 240 mL

Volume Conversions:

1 oz. 30 mL
 Pint 480 mL
 Quart 960 mL

Fluid**Requirements:** _____ mL

Urinary Hat=1000 mL

Urinals=1000 mL

incontinent episodes

WEIGHT		Intake	WEIGHT		Intake	WEIGHT		Intake
pounds	kilograms	milliliters	pounds	kilograms	milliliters	pounds	kilograms	milliliters
120	55	1500	190	86	2159	260	118	2955
130	59	1500	200	91	2273	270	123	3068
140	64	1591	210	95	2386	300	136	3409
150	68	1705	220	100	2500	325	148	3693
160	73	1818	230	105	2614	350	159	3977
170	77	1932	240	109	2727	375	170	4261
180	82	2045	250	114	2841	400	182	4545

DATE:

Nights	Intake:	Output:
3 rd Shift	Total:	Total:
Days	Intake:	Output:
1 st Shift	Total:	Total:
Evenings	Intake:	Output:
2 nd Shift	Total:	Total:
24 Hr Total Intake:		24 Hr Total Output:

DATE:

Nights	Intake:	Output:
3 rd Shift	Total:	Total:
Days	Intake:	Output:
1 st Shift	Total:	Total:
Evenings	Intake:	Output:
2 nd Shift	Total:	Total:
24 Hr Total Intake:		24 Hr Total Output:

File in Physical Health Section

Patient Name: _____ MPI #: _____

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