CVH-170 **CONNECTICUT VALLEY HOSPITAL** Patient Name: _____

Rev.12/2015 **INTAKE AND OUTPUT CHART** MPI #: _____ *Print or Addressograph Imprint*

Division:
☐ ASD ☐ GPD ☐ WFD

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
pounds	kilograms	milliliters
120	55	1500
130	59	1500
140	64	1591
150	68	1705
160	73	1818
170	77	1932
180	82	2045

WEIGHT		Intake
pounds	kilograms	milliliters
190	86	2159
200	91	2273
210	95	2386
220	100	2500
230	105	2614
240	109	2727
250	114	2841

WEIGHT		Intake
pounds	kilograms	milliliters
260	118	2955
270	123	3068
300	136	3409
325	148	3693
350	159	3977
375	170	4261
400	182	4545

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

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3rd Shift	**Total:**	**Total:**
Days	**Intake:**	**Output:**
1st Shift	**Total:**	**Total:**
Evenings	**Intake:**	**Output:**
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File in Physical Health Section

Patient Name: ______________________________ MPI #: ______________

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