



# INTAKE AND OUTPUT FORM

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Aide Name: \_\_\_\_\_ Nurse Aide Signature: \_\_\_\_\_

<b>Common Intake Equivalents: (These are guidelines, verify containers used in your facilities)</b>	
Water glass - 8oz - 240cc	Jello Cup - 4oz - 120cc
Styrofoam Cup (hot) - 6oz - 180cc	Ice Cream - 3oz - 90cc
Juice Glass - 4oz - 120cc	

**Intake:** (oral, IV, tube-feeding)

Time	Route	Amount	Initials

**Comments:**

**Output:** (urine, emesis, diarrhea)

Time	Type of output	Amount	Initials

**Comments:**