

IV AND FLUSH SOLUTIONS	RATE (cc/hr)	<input type="checkbox"/> STRICT I&O ORDERED
#A		
#B		
#C		
#D		
IVPB		

INTAKE													OUTPUT					
HOUR	ORAL	FEEDING TUBE		IV - #A		IV - #B		IV - #C		IV - #D		IVPB	12 HR TOTAL	URINE	STOOL			12 HR TOTAL
		AMT. UP	AMT. ABS.	AMT. UP	AMT. ABS.	AMT. UP	AMT. ABS.	AMT. UP	AMT. ABS.	AMT. UP	AMT. ABS.	AMT. UP						
0700																		
0800																		
0900																		
1000																		
1100																		
1200																		
1300																		
1400																		
1500																		
1600																		
1700																		
1800																		
12 HR TOTAL																		
1900																		
2000																		
2100																		
2200																		
2300																		
2400																		
0100																		
0200																		
0300																		
0400																		
0500																		
0600																		
12 HR TOTAL																		
24 HR TOTAL																		

COMBINED 24 HOUR TOTAL (Document on Graphic Record)	INTAKE >	OUTPUT >
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