

Input/Output Flow Sheet

Date: \_\_\_\_\_

	TIME	PO	NG	IV & RATE	OTHER	URINE	EMESIS	OTHER	INITIAL
AM	1:00								
	2:00								
	3:00								
	4:00								
	5:00								
	6:00								
	7:00								
	8:00								
	Subtotals:								
	9:00								
	10:00								
11:00									
PM	12:00 Noon								
	1:00								
	2:00								
	3:00								
	4:00								
	Subtotals:								
	5:00								
	6:00								
	7:00								
	8:00								
	9:00								
	10:00								
	11:00								
	12:00 Midnight								
SUBTOTALS:									
TOTALS:									

<b>IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:</b>	
1. Name: _____ (Last)	_____ (First)
2. DOB: _____	3. A # _____
4. Nationality: _____	5. Facility: _____