Subject: Intake and Output

Purpose: To help complete assessment data base for fluid, electrolytes and acid-base balance
To keep an accurate record of total fluid intake and output (recorded in cc's)

NOTE: Record of intake and output (I&O) should be kept when ordered by a physician
or if indicated by the patient's condition. It is most imperative that this record be kept
accurate to assure the best medical therapy.

May be performed by: RN, LPN; PCT or UC under delegation of RN

Equipment:
1. Urinal, graduate and/or specipan ("hat") in bathroom
2. Computer

Procedure:
1. Instruct patient and significant other on I&O procedure; if patient is able, instruct
   them to notify you when they have used the bathroom. They can also inform you of
   any intake.
2. Prepare equipment
   a. Print patient’s room and bed number &/or initials on graduate and/or specipan
3. Method
   a. Measure output in graduate and discard unless otherwise ordered
      (urine, vomitus, drainage) - DO NOT CHANGE CHEST DRAINAGE or
      NASOGASTRIC DRAINAGE unless full (see Nursing P&P's N 7-04, N 7-15).
      Mark date and shift on tape on side of collection container
   c. Rinse graduate, specipan, bedpan, and/or urinal with sprayer in patient bathroom
   d. Check all fluids taken orally by patient
   e. Enter on MS4 I&O flowsheet each intake and output measurement at the time of
      the event.
Documentation:
A. Chart on I&O / Fluid Record
   1. Intake
      a. Oral fluids
      b. Intravenous fluids
      c. Tube feedings or Levine tubing instillation
      d. Record shift total intake per unit policy (automatically calculated per computer).
      e. Record 24 hour total intake per unit policy (automatically calculated per computer).
   2. Output
      a. Emesis
      b. Diarrhea
      c. Ileostomy and colostomy drainage
      d. Ng-Suction - DO NOT CHANGE unless full (see Nursing P&P N 7-15)
      e. Urine
      f. Wound drainage
         1) T-Tube
         2) Gastrostomy
         3) Hemovac
         4) Thoracotomy (chest tubes) - DO NOT CHANGE unless full - measure drainage with calibration on container (see Nursing P&P N 7-04).
         5) Jackson Pratt
      g. Record shift output per unit policy (automatically calculated per computer)
      h. Record 24 hour total output per unit policy (automatically calculated per computer)

NOTE: The following patients are automatically placed on Intake and Output:
1. G.U. patients
2. Major Surgicals for at least 3-4 days post op
3. Patients with retention catheters and other drainage tubes
4. Patients on diuretic therapy, depending on patient's condition
5. Critical patients, including cardiac patients
6. Pediatric patients according to Pediatric Policy
7. All telemetry patients