



☎ (+91) 9892772233

Bed No.: _____ UHID NO: _____
IP No: _____ BED NO: _____ DATE: _____

| INPUT (ML) | | | | | | | OUTPUT (ML) | | | | | | | |
|------------|-------|--|--|--|--|--|-------------|-------------|-------|-------|--------|-------------|-------|--------------|
| SHIFT | TIME | IV FLUIDS, INJECTION/INFUSIONS/ BLOOD PRODUCTS | | | | | Time | Total Input | Urine | Stool | Vomits | Aspirations | Drain | Total Output |
| | | | | | | | | | | | | | | |
| MORNING | 7 | | | | | | | | | | | | | |
| | 8 | | | | | | | | | | | | | |
| | 9 | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | |
| | 11 | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | | |
| EVENING | 2 | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | |
| | 6 | | | | | | | | | | | | | |
| | 7 | | | | | | | | | | | | | |
| NIGHT | 8 | | | | | | | | | | | | | |
| | 9 | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | |
| | 11 | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | |
| | 6 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| GRAND | TOTAL | | | | | | | | | | | | | |