WEEKLY EVALUATIONS

Date	Intake: Lowest	Highest										
	Output: Lowest	Highest										
	Urine Color: Co	nsistency:										
	Check if Presen	it: □ Hematuria □ UTI □ Ed spiration □Change in Body W	ema Dry Lips Dry Mouth eight Odor of Urine Foley Si	□ Dry Mouth □ Dry Skin								
	Comments/Adequacy											
				Signatur	e:							
Date	Intake: Lowest	Highest										
	Output: Lowest	Highest										
	Urine Color: Co	nsistency:										
	Check if Presen ☐ Frequent Per	t: ☐ Hematuria ☐ UTI ☐ Ed spiration ☐ Change in Body W	ema Dry Lips Dry Mouth eight Odor of Urine Foley Si	☐ Dry Lips ☐ Dry Mouth ☐ Dry Skin ☐ Odor of Urine Foley Size:								
	Comments/Adec	quacy										
				Signatur	e:							
Date	Intake: Lowest	Highest			AND THE RESERVE AND THE RESERV							
	Output: Lowest	Highest										
	Urine Color: Col	nsistency:										
	Check if Present: ☐ Hematuria ☐ UTI ☐ Edema ☐ Dry Lips ☐ Dry Mouth ☐ Dry Skin ☐ Frequent Perspiration ☐ Change in Body Weight ☐ Odor of Urine Foley Size:											
	Comments/Adequacy											
				Signature	e:							
Date	Intake: Lowest	Highest										
	Output: Lowest	Highest										
	Urine Color: Cor	nsistency:										
	Check if Present □ Frequent Pers	t: Hematuria UTI Edispiration Change in Body We	ema Dry Lips Dry Mouth	□Dry Skin								
	Comments/Adeq	uacy										
				Signature	э:							
		30 E	AY EVALUATION									
Date	Recording of Intake & Output shall be: ☐ Continued ☐ Discontinued Due To:											
	Doctor's Approva	al to DC 🗆 Yes 🗆 No		Signature:								
Last Name		First Name	Augustina Di III									
-ast ivallie		First Name	Attending Physician	Room No.	Med. Rec. No.							

"INTAKE & OUTPUT EVALUATION"

NITIAL E	ACH ENTRY	N					MONTH				YEAR					
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Last Nam	е			First Nam	ne			At	tending Phy	/sician		Room	No.	Med.	Rec. No.	