

INTAKE AND OUTPUT FORM (I&O) (Not Required for Wyoming)

Resident's Name: *(Do not need to complete for test)*

Date: *(Do not need to complete for test)*

Intake			
Time	Type (oral, IV or Tube Feeding)	Amount in ml (or cc's)	Initials

Output			
Time	Type (Urine, emesis or diarrhea)	Amount in ml (or cc's)	Initials

Candidate's Signature