



GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

INPUT OUTPUT CHART

Patient's Name:					MRD No./UHID No.	
Age:	Gender	M	F	O	Ward No.	
Date of Admission	DD/MM/YY				Bed No.	
Provisional Diagnosis:						

Date	INTAKE			OUTPUT				Name and Nurse's Signature
	Time	I.V.Fluid	Oral /Ryles Tube	Time	Urine	Vomit	Drainage/Aspirations	

Name of Nurse In charge/Supervisor: _____ Signature: _____ Date: _____