

## PERFORMANCE CHECKLIST

Name \_\_\_\_\_

### Measuring and Recording Fluid Intake/Output

*To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below. Skill mastery must be demonstrated prior to direct patient contact.*

**Equipment:** Intake/Output record, graduate, pen, gloves

- \_\_\_\_\_ 1. Knock before entering room.
- \_\_\_\_\_ 2. Greet and Identify resident.
- \_\_\_\_\_ 3. State your name and title.
- \_\_\_\_\_ 4. Explain procedure and obtain permission.
- \_\_\_\_\_ 5. Have resident help to record fluids, if he or she is able.
- \_\_\_\_\_ 6. Record intake on bedside intake/output record. Intake includes: amount of fluid resident takes with meals, amount of water and fluids taken between meals. (Other fluids such as IV's and tube feedings are recorded by the administering nurse.)
- \_\_\_\_\_ 7. Use listing of standard facility amounts for measuring.
- \_\_\_\_\_ 8. Record fluids in cubic centimeters (cc).
- \_\_\_\_\_ 9. Wear gloves and wash hands when handling liquid output.
- \_\_\_\_\_ 10. Record all liquid output on bedside intake/output record. Output includes: urine, vomitus (emesis), drainage from wound or stomach, liquid stool, blood loss, perspiration.
- \_\_\_\_\_ 11. Observe output for abnormal appearance or amount.
- \_\_\_\_\_ 12. Use graduate to measure.
- \_\_\_\_\_ 13. Record fluids in cubic centimeters (cc).
- \_\_\_\_\_ 14. Record totals of intake and output at end of each shift and at end of 24 hours.
- \_\_\_\_\_ 15. Report abnormal observations to supervisor.

Pass \_\_\_\_\_ Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

***The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, or allow the individual to study the skill after selection or before demonstration when the individual was being tested for competency. 2005***