## #29 & #30 MEASURING INTAKE AND OUTPUT/WOUND DRAINAGE SYSTEMS (TEST)

I acknowledge I have physically practiced and si	uccessfully learned the following skill(s):
Student:	Date:

TIME LIMIT: 25 Minutes *Must complete I&O Data Sheet before testing	P2	Р3	TEST	Points/ Comments
Verified health care provider's orders.	- <u>   </u> 	   	-!	   * 
Gathered necessary equipment and supplies.	_ L	L I I		     <b>*</b> 
Performed hand hygiene.	- <u> </u>			     <b>*</b> 
Provided for patient privacy.		   		   *
Introduced self to patient and family.		<u>+</u>	1	*
Identified patient using two identifiers.				     * 
Explained need for I&O data to patient and family, assessed ability of patient and family to participate in process.				  2
Assessed for signs of fluid imbalance, weighed patient daily, checked for change in urine specific gravity and hematocrit level.				   1
Applied clean gloves	       	†	1	!    * 
Identified <u>ALL</u> sources of Intake and Output. Determine which drainage systems were in use, how many drainage tubes were in place, and what kind of drainage was expected from each wound.				*   *
Measured ALL fluid Intake including oral, enteral feedings, NG flushes, IV fluids, etc. Recorded patient's intake of fluid properly.				
Measured Nasogastric Fluid	- <del> -</del>			
<ul> <li>Placed NG fluid collection container on a flat surface to measure at eye level.</li> </ul>	 	 	 	 
<ul> <li>Placed a piece of tape at level of fluid that included Time,</li> <li>Date, Amount, and Nurses initials.</li> </ul>	     	! !		:
c. Recorded measurement immediately to ensure accuracy	 	1	1	1
<ul> <li>Replaced NG container into hanging location and ensured all connections were secure.</li> </ul>	 			
	*Must complete I&O Data Sheet before testing  Verified health care provider's orders.  Gathered necessary equipment and supplies.  Performed hand hygiene.  Provided for patient privacy.  Introduced self to patient and family.  Identified patient using two identifiers.  Explained need for I&O data to patient and family, assessed ability of patient and family to participate in process.  Assessed for signs of fluid imbalance, weighed patient daily, checked for change in urine specific gravity and hematocrit level.  Applied clean gloves  Identified ALL sources of Intake and Output. Determine which drainage systems were in use, how many drainage tubes were in place, and what kind of drainage was expected from each wound.  Measured ALL fluid Intake including oral, enteral feedings, NG flushes, IV fluids, etc. Recorded patient's intake of fluid properly.  Measured Nasogastric Fluid  a. Placed NG fluid collection container on a flat surface to measure at eye level.  b. Placed a piece of tape at level of fluid that included Time, Date, Amount, and Nurses initials.  c. Recorded measurement immediately to ensure accuracy  d. Replaced NG container into hanging location and ensured	Verified health care provider's orders.  Gathered necessary equipment and supplies.  Performed hand hygiene.  Provided for patient privacy.  Introduced self to patient and family.  Identified patient using two identifiers.  Explained need for I&O data to patient and family, assessed ability of patient and family to participate in process.  Assessed for signs of fluid imbalance, weighed patient daily, checked for change in urine specific gravity and hematocrit level.  Applied clean gloves  Identified ALL sources of Intake and Output. Determine which drainage systems were in use, how many drainage tubes were in place, and what kind of drainage was expected from each wound.  Measured ALL fluid Intake including oral, enteral feedings, NG flushes, IV fluids, etc. Recorded patient's intake of fluid properly.  Measured Nasogastric Fluid  a. Placed NG fluid collection container on a flat surface to measure at eye level.  b. Placed a piece of tape at level of fluid that included Time, Date, Amount, and Nurses initials.  c. Recorded measurement immediately to ensure accuracy  d. Replaced NG container into hanging location and ensured	*Must complete I&O Data Sheet before testing  Verified health care provider's orders.  Gathered necessary equipment and supplies.  Performed hand hygiene.  Provided for patient privacy.  Introduced self to patient and family.  Identified patient using two identifiers.  Explained need for I&O data to patient and family, assessed ability of patient and family to participate in process.  Assessed for signs of fluid imbalance, weighed patient daily, checked for change in urine specific gravity and hematocrit level.  Applied clean gloves  Identified ALL sources of Intake and Output. Determine which drainage systems were in use, how many drainage tubes were in place, and what kind of drainage was expected from each wound.  Measured ALL fluid Intake including oral, enteral feedings, NG flushes, IV fluids, etc. Recorded patient's intake of fluid properly.  Measured Nasogastric Fluid  a. Placed NG fluid collection container on a flat surface to measure at eye level.  b. Placed a piece of tape at level of fluid that included Time, Date, Amount, and Nurses initials.  c. Recorded measurement immediately to ensure accuracy  d. Replaced NG container into hanging location and ensured	*Must complete I&O Data Sheet before testing  Verified health care provider's orders.  Gathered necessary equipment and supplies.  Performed hand hygiene.  Provided for patient privacy.  Introduced self to patient and family.  Identified patient using two identifiers.  Explained need for I&O data to patient and family, assessed ability of patient and family to participate in process.  Assessed for signs of fluid imbalance, weighed patient daily, checked for change in urine specific gravity and hematocrit level.  Applied clean gloves  Identified ALL sources of Intake and Output. Determine which drainage systems were in use, how many drainage tubes were in place, and what kind of drainage was expected from each wound.  Measured ALL fluid Intake including oral, enteral feedings, NG flushes, IV fluids, etc. Recorded patient's intake of fluid properly.  Measured Nasogastric Fluid  a. Placed NG fluid collection container on a flat surface to measure at eye level.  b. Placed a piece of tape at level of fluid that included Time, Date, Amount, and Nurses initials.  c. Recorded measurement immediately to ensure accuracy  d. Replaced NG container into hanging location and ensured

a. Che	hest Tube Drainage cked tubing to make sure all fluid was drained into ection device and no kinks or occlusions had occurred.	1
	asured level of fluid at eye level (placed a paper towel to as a barrier if kneeling on the floor.	1
	ced a piece of tape at level of fluid that included Time, e, Amount, and Nurses initials.	*
4. Emptied a J	ackson Pratt suction drain:	
a. Perf	formed hand hygiene and applied clean gloves	
b. Rais side	sed bed to appropriate working height and lowered rail	2
	eed a waterproof pad and graduated cylinder or cimen container on the bed.	1
d. Ope	ened the port on the top of the bulb-shaped reservoir.	1
	ed the bulb toward the port, and drained it toward the ning. Emptied the drainage into a measuring container.	1
	ansed the end of the emptying port and plug with an hol swab for 30 seconds with 2 separate alcohol swabs	
	npressed the bulb over a drainage container, and acced the plug immediately.	2
a pio Che ther	ured the drainage system below the wound site by using ece of tape, and safety pinned it to the patient's gown. cked to make sure the tubing was not pulled tight and e was room for the patient to move without creating sion on the tubing or dressing.	
b. Low	ered bed and raised siderail.	*
c. Rep	eated process if multiple drains were present.	
5. Emptied an	Indwelling Urinary Catheter	*
	formed hand hygiene and applied clean gloves, if gloves become soiled.	
was	cked catheter tubing to ensure no kinks or blockages obstructing urine flow and collection bag was located with the patient.	
	ced a paper towel on floor below catheter to kneel on and be graduated container on.	1
	ened clamp on urine collection port and emptied urine graduated container making sure no urine is splashed or ed.	
	nped port and cleansed with alcohol swab before acing.	2
6 Took all drai	nage to patient's bathroom to measure. Noted the	- <del>                                    </del>

	characteristics, color, and volume of the ALL drainage before discarding it in appropriate location.		
17.	Recorded measurements immediately to ensure accuracy.		1
18.	Asked patient and family to use call light when patient became incontinent, vomited, or perspired excessively.		1
19.	Informed patient and family that drainage sites are closely monitored, explained that contents are measured and recorded and who was responsible for doing so, ensured each patient had graduated container marked with name.		1
20.	Helped patient to comfortable position, placed personal items within reach.		1
21.	Placed call light within reach, ensured patient knew how to use it.		*
22.	Raised side rails and lowered bed to ensure patient safety. Ensured bed wheels were in locked position.		*     
23.	Disposed of used supplies and equipment, left patient's room tidy.		1
24.	Removed and disposed of gloves, performed hand hygiene. Cleaned pen before placing back into pocket if contaminated.		*
25.	Calculated patient's I&O balance or imbalance, reported low urine output or significant change in daily weight. Recorded the volume of any drainage on the intake and output form in the patient's medical record. Documented and reported the patient's response and expected or unexpected outcomes in hospital flowsheets.		*   *  -  -  -  -  -  -  -  -  -
<b>S</b> =	Satisfactory <b>U</b> = Unsatisfactory <b>NP</b> = Not Performed *=Must Perform to Pass	i	
	TOTAL POINTS		_26
		%	
		PASS_	
		FAIL	
Inst	ructor: Date: / /		
-	signing below I acknowledge that I witnessed the skill performed and the student s ctice 1: Evaluator: Signature:		
Pra	ctice 2: Evaluator: Signature:		

FINAL Student Evaluator	<u>:</u>	Signature	:
		- 19.111111	

## Vocational Nursing 0951 Intake and Output Data Sheet

Complete the following and chart in both flow sheets. Mrs. KL –

1) Used the bedside commode 5 times on your shift:

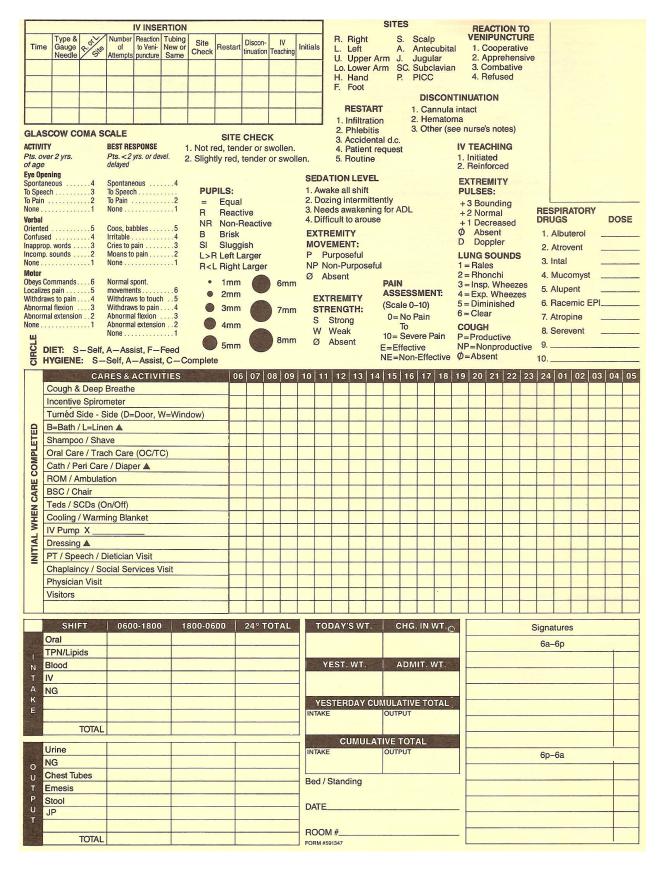
Voiding: 375ml 315ml 410ml 280ml

295ml

- 2) She ate all of her breakfast and lunch with your assistance. She drank a full cup of coffee with breakfast and also a small cup of juice. She drank a cup of tea with lunch and ate one container of jello.
- 3) At the end of the shift she had 750mls left in her water pitcher.
- 4) During am medications she choked on a tablet resulting in emesis of 75mls.
- 5) She had one small liquid stool at 1100 of approximately 125mls.
- 6) What is the total intake and the total output?
- 7) Make a comment on how intake compares to output. Is your patient in jeopardy of either fluid excess of deficit? Why or why not?

## **LIQUID EQUIVILENCIES**

Water pitcher	1000ml	6oz. juice can	180ml
Lg. paper cup	240ml	Jello	120ml
Sm. paper cup	120ml	Soup bowl	240ml
Styrofoam cup	180ml	Ice cream	90ml
Coffee cup	240ml	Milk	240ml



Skill # 29 & 30

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