กรณีประกาศระบบ HIS ขัดข้อง

SONGKLANAGARIND HOSPITAL

INTAKE-OUTPUT WORKSHEET

NAME……..…AGE……...…… H.N……..WARD……...……

DATE……อาหาร เช้า…… เที่ยง…… เย็น……

Route Code : M = Mouth, TF = Tube Feed, IV = Intravenous

Intake						**Output**					
Type of Solution, Rate	Route	up		in		Time	Urine (cc)				Remark
		Time	Amt	Time	Amt						

		Oral	Tube Feeding	Parenteral						Stool Frequency
Previous 24hr. intake	24-8 Total				24-8 Total					
	8-16 Total				8-16 Total					
Previous 24hr. out put	16-24 Total				16-24 Total					
	24hrs.SubTotal :				24hrs. Sub Total					
	24hrs. Total :				24hrs. Total :					

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	24hrs.SubTotal :				24hrs. Sub Total					
	24hrs. Total :				24hrs. Total :					