

Intake/output diary

How to use this form:

- Complete the intake/output tracking chart for _____ weeks after discharge from the hospital.
- Throughout the day, keep track of how much liquid you drink and how much stool you produce. Also keep track of how many times you urinate (void) and the urine color.
- Don't record intake of solid or semi-solid foods (for example, yogurt).
- At the end of the day, compare your intake and output. If your output is more than your input, increase your intake per physician guidelines.
- If your stool output is ever less than _____ or more than _____ in 24 hours, call your doctor's office during daytime hours.
- If your urine color is amber or dark yellow, drink more fluids.
- If your urine is cloudy, has a dark yellow color, and/or it has a strong odor, call your doctor's office during daytime business hours.
- Relay this information to your WOC nurse, physician, home health nurse or MD; or bring to your outpatient follow up visit.

Date	Total intake	Total output

Estimating drinking glass contents



Estimating ostomy pouch contents



Intake			Output				
Date	Time	Ounces of liquid	Date	Time	Ounces of stool	Voiding count	Urine color

Questions?

If you have any questions, please contact the Coloplast® Care Team at 1-877-858-2656. Coloplast does not practice medicine. The recommendations and information in this material are not medical advice. Contact your healthcare professional for personal medical advice or diagnosis. IF YOU THINK YOU HAVE A MEDICAL EMERGENCY, CALL 911

Make an entry in the diary every time you change your pouching system



Change

Apply

Remove

Check

Conclusions / comments

Change	Apply		Remove		Worn for	Observations	Conclusions / comments	
	Pouch applied		Pouch removed				Routine	Comments / Changes in routine
1	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
2	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
3	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
4	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
5	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
6	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
7	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
8	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
9	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
10	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
11	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate

If you are looking for guidance, contact Coloplast® Care at 1-877-858-2656