

Last Name: _____ First Name: _____ Date: _____ Procedure: _____ POD# _____

<u>TIME</u>	<u>Incentive Spirometry (10 x an hour)</u>	<u>Flutter Valve</u>	<u>Liquid intake (4 oz. an hour)</u>	<u>Ambulating/Walking</u>	<u>Leg Exercises 10x/hr</u>	<u>Bowel Movement</u>	<u>Flatus/Passing gas</u>
6:00 AM							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00 PM							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							
