Student Nurse Documentation - Please do not add patient identifiers to this form.

NO PHI IS TO BE REMOVED FROM THE ORGANIZATION

Patient Care Flowsheet

Date: _____

Safety Checks	Shift:	Shift:	Shift:	Daily Care	Shift:	Shift:	Shift:
Heart Monitor (ALARM LIMITS)				Bath / Linen	Initials	Initials	Initials
Respiratory / Apnea (ALARM LIMITS)				Oral Care	Initials	Initials	Initials
Pulse Oximetry (ALARM LIMITS)				Trach Care / Change ☐ N / A	Initials	Initials	Initials
Blood Pressure (ALARM LIMITS)							
Airway Alert ☐ N / A				Gastric Tube Care ☐ N / A	Initials	Initials	Initials
Brakes locked / Side rails up	Initials	Initials	Initials	Urinary Catheter Care ☐ N / A	Initials	Initials	Initials
Call light within reach	Initials	Initials	Initials	Feeding Tubing Change ☐ N / A	Initials	Initials	Initials
Special Bedding / Bed Type	☐ Eggcrate ☐ Airbed ☐ Geomatt Other_____	☐ Eggcrate ☐ Airbed ☐ Geomatt Other_____	☐ Eggcrate ☐ Airbed ☐ Geomatt Other_____	Dressing Change Site_____ Site_____ Site_____ Site_____ Site_____	☐ N / A	☐ N / A	☐ N / A
ID Band / Allergy Band ☐ N / A							
Precautions: ☐ General ☐ Chemo ☐ ICP ☐ Seizure ☐ High Risk Suicide ☐ Other	☐ N / A	☐ N / A	☐ N / A	Additional item: ECG pads changed	Initials	Initials	Initials
Latex Allergy Alert ☐ N / A	Initials	Initials	Initials	Pulse Oximetry site changed	Initials	Initials	Initials
PPE in room	Initials	Initials	Initials				
O2 Mask / Bag and / or Seal-easy Mask	Initials	Initials	Initials	Incentive Spirometry: ☐ N / A			
Size of Mask / Bag				Braden QD:	See additional form		
02 Flowmeter / Suction at bedside	Initials	Initials	Initials	Fall Risk:	See additional form		
Type of Safety Supplies at bedside							
Airway suction at bedside ☐ N / A							
Codesheet present at bedside ☐ N / A	☐ Yes ☐ N / A ☐ No	☐ Yes ☐ N / A ☐ No	☐ Yes ☐ N / A ☐ No				
Environmental Hygiene				Cardiac Monitor and Cable Cleaned	☐ Done ☐ Not Done	☐ Done ☐ Not Done	☐ Done ☐ Not Done
Bed / Crib Isolette Cleaned	☐ Done ☐ Not Done	☐ Done ☐ Not Done	☐ Done ☐ Not Done	IV Pump and Pole Cleaned	☐ Done ☐ Not Done	☐ Done ☐ Not Done	☐ Done ☐ Not Done
Nurse Call Light / Remote Cleaned	☐ Done ☐ Not Done	☐ Done ☐ Not Done	☐ Done ☐ Not Done	Sink Fixtures and Adjacent Counter Space Cleaned	☐ Done ☐ Not Done	☐ Done ☐ Not Done	☐ Done ☐ Not Done
Bedside / Over the Bed Table Cleaned	☐ Done ☐ Not Done	☐ Done ☐ Not Done	☐ Done ☐ Not Done	Thermometer Cleaned	☐ Done ☐ Not Done	☐ Done ☐ Not Done	☐ Done ☐ Not Done
Room Entrance / Exit Door Handle and Light Switches Cleaned	☐ Done ☐ Not Done	☐ Done ☐ Not Done	☐ Done ☐ Not Done	Wheelchair / Stroller Cleaned	☐ Done ☐ Not Done	☐ Done ☐ Not Done	☐ Done ☐ Not Done
Isolation ☐ N / A							
Restraints ☐ N / A							
Transport method							
Nurse accompany patient off unit	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No				

Signature / Title / Initials

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Key: º= hour; #= number; %= percent; Amt= amount; cm= centimeter; EENMT = eyes, ears, nose, mouth, throat; Glu= glucose; GT= gastrostomy tube; GU= genitourinary; heme= blood; ICP- intracranial pressure; ID= identification; IV= intravenous; J-tube= jejunostomy tube; L= left; L / min= liter per minute; NA= not applicable; NDT= nasoduodenal tube; NGT= nasogastric tube; NPO= nothing by mouth; O2= oxygen; OGT= oral gastric tube; PO= by mouth; PPE= personal protective equipment; pH= hydrogen ion concentration; Pro= protein; R= right; Sp G= specific gravity

Patient Care Flowsheet

TO BE COMPLETED BY Registered Nurse OR Licensed Vocational Nurse WNL = WITHIN NORMAL LIMITS	Date ______ Time of Assessment: ______ Signature / Title: ______ Print name: ______	Date ______ Time of Assessment: ______ Signature / Title: ______ Print name: ______	Date ______ Time of Assessment: ______ Signature / Title: ______ Print name: ______
1. NEUROLOGICAL Alert and / or arouses easily. Oriented to person and place. No complaints of dizziness, numbness, tingling, seizures, memory loss, loss of consciousness. Pupils equal and react to light. Behavior appropriate to developmental level. Infant: Fontanel soft and flat.	☐ **WNL** ☐ See Neuro assessment ☐ Agitated ☐ Sedated ☐ Unresponsive to: ☐ Painful ☐ Tactile ☐ Verbal stimuli ☐ Post anesthesia ☐ Lethargic / drowsy ☐ Absent reflexes: ☐ Cough ☐ Gag ☐ Numbness: Location ______ ☐ Tingling: Location ______ ☐ Headache: Location ______ Cry: ☐ Weak ☐ High pitched ☐ No Cry ☐ Hoarse Suture: ☐ Over-riding ☐ Separated Fontanel: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed Suck: ☐ Absent ☐ Weak ☐ Other: ______	☐ WNL ☐ See Neuro assessment ☐ Agitated ☐ Sedated ☐ Unresponsive to: ☐ Painful ☐ Tactile ☐ Verbal stimuli ☐ Post anesthesia ☐ Lethargic / drowsy ☐ Absent reflexes: ☐ Cough ☐ Gag ☐ Numbness: Location ______ ☐ Tingling: Location ______ ☐ Headache: Location ______ Cry: ☐ Weak ☐ High pitched ☐ No Cry ☐ Hoarse Suture: ☐ Over-riding ☐ Separated Fontanel: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed Suck: ☐ Absent ☐ Weak ☐ Other: ______	☐ WNL ☐ See Neuro assessment ☐ Agitated ☐ Sedated ☐ Unresponsive to: ☐ Painful ☐ Tactile ☐ Verbal stimuli ☐ Post anesthesia ☐ Lethargic / drowsy ☐ Absent reflexes: ☐ Cough ☐ Gag ☐ Numbness: Location ______ ☐ Tingling: Location ______ ☐ Headache: Location ______ Cry: ☐ Weak ☐ High pitched ☐ No Cry ☐ Hoarse Suture: ☐ Over-riding ☐ Separated Fontanel: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed Suck: ☐ Absent ☐ Weak ☐ Other: ______

Glasgow Coma Scale	1	2	3	4	5	6
Eyes	Does not open eyes	Opens eyes in response to painful stimuli	Open eyes in response to speech	Open eyes spontaneously	N / A	N / A
Verbal	No verbal response	Inconsolable, agitated	Inconsistently inconsolable, moaning	Cries but consolable, inappropriate interactions	Smiles, orients to sounds, follows objects, interacts	N / A
Motor	No motor response	Extension to pain (decerebrate response)	Abnormal flexion to pain for an infant (decorticate response)	Infant withdraws from pain	Infant withdraws from touch	Infant moves spontaneously or purposefully

2. CARDIOVASCULAR Blood pressure / heart rate within normal limits for age. Regular rhythm with no murmur noted. Nailbeds pink without clubbing. Capillary refill time less than or equal to three seconds. No edema or cyanosis noted. Peripheral pulses palpable and equal.	☐ **WNL** ☐ Murmur ☐ Tachycardia ☐ Bradycardia ☐ Abnormal peripheral pulses ☐ Capillary refill ______ seconds ☐ Edema: Location ______ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ Location ______ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ ☐ Arrhythmia ______ ☐ Temporary pacing wires intact and dry ☐ Pacemaker ☐ Rate ______ ☐ Sensitivity ______ ☐ Battery checked ☐ Miliamps ☐ Mode ☐ Other: ______	☐ **WNL** ☐ Murmur ☐ Tachycardia ☐ Bradycardia ☐ Abnormal peripheral pulses ☐ Capillary refill ______ seconds ☐ Edema: Location ______ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ Location ______ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ ☐ Arrhythmia ______ ☐ Temporary pacing wires intact and dry ☐ Pacemaker ☐ Rate ______ ☐ Sensitivity ______ ☐ Battery checked ☐ Miliamps ☐ Mode ☐ Other: ______	☐ **WNL** ☐ Murmur ☐ Tachycardia ☐ Bradycardia ☐ Abnormal peripheral pulses ☐ Capillary refill ______ seconds ☐ Edema: Location ______ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ Location ______ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ ☐ Arrhythmia ______ ☐ Temporary pacing wires intact and dry ☐ Pacemaker ☐ Rate ______ ☐ Sensitivity ______ ☐ Battery checked ☐ Miliamps ☐ Mode ☐ Other: ______
3. RESPIRATORY Bilateral breath sounds clear throughout lung fields. Respirations unlabored, symmetrical and regular with a rate normal for age. No retractions, nasal flaring, splinting, dyspnea, stridor or cough.	☐ **WNL** ☐ Dyspneic ☐ Tachypneic ☐ Irregular Breath Sounds ☐ Coarse ☐ Crackles ☐ Diminished ☐ Wheezing ☐ Stridor ☐ Nasal flaring ☐ Grunting ☐ Retractions Location: ______ ☐ Trach Size ______ Cough: ☐ Non-productive ☐ Productive Secretions: ☐ Oral ☐ Nasal ☐ Thick ☐ Thin ☐ Color ______ ☐ 02 ____ % ____ L / min Method ____ ☐ Other: ______	☐ **WNL** ☐ Dyspneic ☐ Tachypneic ☐ Irregular Breath Sounds ☐ Coarse ☐ Crackles ☐ Diminished ☐ Wheezing ☐ Stridor ☐ Nasal flaring ☐ Grunting ☐ Retractions Location: ______ ☐ Trach Size ______ Cough: ☐ Non-productive ☐ Productive Secretions: ☐ Oral ☐ Nasal ☐ Thick ☐ Thin ☐ Color ______ ☐ 02 ____ % ____ L / min Method ____ ☐ Other: ______	☐ **WNL** ☐ Dyspneic ☐ Tachypneic ☐ Irregular Breath Sounds ☐ Coarse ☐ Crackles ☐ Diminished ☐ Wheezing ☐ Stridor ☐ Nasal flaring ☐ Grunting ☐ Retractions Location: ______ ☐ Trach Size ______ Cough: ☐ Non-productive ☐ Productive Secretions: ☐ Oral ☐ Nasal ☐ Thick ☐ Thin ☐ Color ______ ☐ 02 ____ % ____ L / min Method ____ ☐ Other: ______

Patient Care Flowsheet

TO BE COMPLETED BY Registered Nurse OR Licensed Vocational Nurse WNL = WITHIN NORMAL LIMITS	Date ______ Time of Assessment: ______ Signature / Title: ______ Print name: ______	Date ______ Time of Assessment: ______ Signature / Title: ______ Print name: ______	Date ______ Time of Assessment: ______ Signature / Title: ______ Print name: ______
4. GASTROINTESTINAL Abdomen soft, non-distended with active bowel sounds in all quadrants. No complaints of nausea, vomiting, diarrhea, or constipation. No blood in stools. Tolerates their regular diet.	☐ **WNL** ☐ Masses ☐ Pain Abdomen: ☐ Distended ☐ Firm ☐ Guarding ☐ Vomiting ☐ Diarrhea ☐ Nausea ☐ Last bowel movement ______ Bowel sounds ☐ Absent ☐ Hypoactive ☐ Hyperactive ☐ NGT ☐ NDT ☐ OGT ☐ L ☐ R ☐ Placement verified ☐ Clamped ☐ Tube fed ☐ Intermittent Suction ☐ Gastric tube / Button ☐ J-Tube ☐ Drainage: ______ Ostomy: Type ______ ☐ Other ______	☐ **WNL** ☐ Masses ☐ Pain Abdomen: ☐ Distended ☐ Firm ☐ Guarding ☐ Vomiting ☐ Diarrhea ☐ Nausea ☐ Last bowel movement ______ Bowel sounds ☐ Absent ☐ Hypoactive ☐ Hyperactive ☐ NGT ☐ NDT ☐ OGT ☐ L ☐ R ☐ Placement verified ☐ Clamped ☐ Tube fed ☐ Intermittent Suction ☐ Gastric tube / Button ☐ J-Tube ☐ Drainage: ______ Ostomy: Type ______ ☐ Other ______	☐ **WNL** ☐ Masses ☐ Pain Abdomen: ☐ Distended ☐ Firm ☐ Guarding ☐ Vomiting ☐ Diarrhea ☐ Nausea ☐ Last bowel movement ______ Bowel sounds ☐ Absent ☐ Hypoactive ☐ Hyperactive ☐ NGT ☐ NDT ☐ OGT ☐ L ☐ R ☐ Placement verified ☐ Clamped ☐ Tube fed ☐ Intermittent Suction ☐ Gastric tube / Button ☐ J-Tube ☐ Drainage: ______ Ostomy: Type ______ ☐ Other ______
5. GENITOURINARY / GYN. External genitalia appropriate for age and without signs of inflammation, swelling, bleeding, or local skin changes. Urine clear and yellow to amber. No complaints of frequency, urgency or changes in urine output. Able to void without dysuria.	☐ **WNL** ☐ Bladder distended ☐ Incontinent ☐ Catheter ______ ☐ Cloudy ☐ Color: ______ ☐ Sediment ☐ Dysuria ☐ Frequency ☐ Urgency GU Area: ☐ Edema ☐ Redness ☐ Discharge ______ ☐ Bruising ☐ Menses ☐ Other: ______	☐ **WNL** ☐ Bladder distended ☐ Incontinent ☐ Catheter ______ ☐ Cloudy ☐ Color: ______ ☐ Sediment ☐ Dysuria ☐ Frequency ☐ Urgency GU Area: ☐ Edema ☐ Redness ☐ Discharge ______ ☐ Bruising ☐ Menses ☐ Other: ______	☐ **WNL** ☐ Bladder distended ☐ Incontinent ☐ Catheter ______ ☐ Cloudy ☐ Color: ______ ☐ Sediment ☐ Dysuria ☐ Frequency ☐ Urgency GU Area: ☐ Edema ☐ Redness ☐ Discharge ______ ☐ Bruising ☐ Menses ☐ Other: ______
6. INTEGUMENTARY Skin normal for ethnicity. No erythema, jaundice, pallor, or flushing. Skin warm, dry, intact, firm and elastic. Normal hair distribution / texture. No evidence of rashes, petechiae, bruises, lesions, wounds, incisions, or lice. Nailbeds pink, nails smooth.	☐ **WNL** ☐ Hot ☐ Flushed ☐ Diaphoretic ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale ☐ Dusky ☐ Dry ☐ Scars ☐ Peeling ☐ Ecchymosis ☐ Poor turgor ☐ Mottled Cyanosis: ☐ Central ☐ Circumoral ☐ General ☐ Acrocyanosis ☐ Rash ______ ☐ Petechiae ☐ Alopecia ☐ Puncture sites from IV starts / lab draws ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy Condition at site: ______ Incision: Location ______ ☐ Dressing: ______ ☐ Other: ______ ☐ Other: ______	☐ **WNL** ☐ Hot ☐ Flushed ☐ Diaphoretic ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale ☐ Dusky ☐ Dry ☐ Scars ☐ Peeling ☐ Ecchymosis ☐ Poor turgor ☐ Mottled Cyanosis: ☐ Central ☐ Circumoral ☐ General ☐ Acrocyanosis ☐ Rash ______ ☐ Petechiae ☐ Alopecia ☐ Puncture sites from IV starts / lab draws ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy Condition at site: ______ Incision: Location ______ ☐ Dressing: ______ ☐ Other: ______ ☐ Other: ______	☐ **WNL** ☐ Hot ☐ Flushed ☐ Diaphoretic ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale ☐ Dusky ☐ Dry ☐ Scars ☐ Peeling ☐ Ecchymosis ☐ Poor turgor ☐ Mottled Cyanosis: ☐ Central ☐ Circumoral ☐ General ☐ Acrocyanosis ☐ Rash ______ ☐ Petechiae ☐ Alopecia ☐ Puncture sites from IV starts / lab draws ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy Condition at site: ______ Incision: Location ______ ☐ Dressing: ______ ☐ Other: ______ ☐ Other: ______
7. MUSCULOSKELETAL Moves all extremeties without difficulty. No muscle weakness or paralysis noted. Gait and ambulation appropriate for age. Hand grasps strong and equal. No evidence of inflammation or swelling.	☐ **WNL** ☐ Weakness ______ ☐ Fracture ______ ☐ Traction ______ ☐ Distraction device ______ ☐ Cast ______ ☐ Assistive devices ______ ☐ Edema ______ ☐ Prosthetic device ______ ☐ Amputation ______ ☐ Other: ______ ☐ Other: ______	☐ **WNL** ☐ Weakness ______ ☐ Fracture ______ ☐ Traction ______ ☐ Distraction device ______ ☐ Cast ______ ☐ Assistive devices ______ ☐ Edema ______ ☐ Prosthetic device ______ ☐ Amputation ______ ☐ Other: ______ ☐ Other: ______	☐ **WNL** ☐ Weakness ______ ☐ Fracture ______ ☐ Traction ______ ☐ Distraction device ______ ☐ Cast ______ ☐ Assistive devices ______ ☐ Edema ______ ☐ Prosthetic device ______ ☐ Amputation ______ ☐ Other: ______ ☐ Other: ______
8. EENMT No drainage or bleeding. No complaints of hearing or visual disturbances. Sclera white and clear. Oral mucosa / gums pink, moist, no swelling or lesions. Does not wear glasses, contacts, hearing aids, or dental apparatus.	☐ **WNL** ☐ Drainage ______ ☐ Bleeding ______ ☐ Edema ______ ☐ Cleft Lip ☐ Cleft palate ☐ Palate device ☐ Oral lesions ______ ☐ Wired / banded jaws Hearing: ☐ Impaired ☐ Deaf ☐ Hearing Aid Vision: ☐ Impaired ☐ Glasses ☐ Other: ______	☐ **WNL** ☐ Drainage ______ ☐ Bleeding ______ ☐ Edema ______ ☐ Cleft Lip ☐ Cleft palate ☐ Palate device ☐ Oral lesions ______ ☐ Wired / banded jaws Hearing: ☐ Impaired ☐ Deaf ☐ Hearing Aid Vision: ☐ Impaired ☐ Glasses ☐ Other: ______	☐ **WNL** ☐ Drainage ______ ☐ Bleeding ______ ☐ Edema ______ ☐ Cleft Lip ☐ Cleft palate ☐ Palate device ☐ Oral lesions ______ ☐ Wired / banded jaws Hearing: ☐ Impaired ☐ Deaf ☐ Hearing Aid Vision: ☐ Impaired ☐ Glasses ☐ Other: ______

Key: º= hour; #= number; %= percent; Amt= amount; cm= centimeter; EENMT = eyes, ears, nose, mouth, throat; Glu= glucose; GT= gastrostomy tube; GU= genitourinary; heme= blood; ICP- intracranial pressure; ID= identification; IV= intravenous; J-tube= jejunostomy tube; L= left; L / min= liter per minute; NA= not applicable; NDT= nasoduodenal tube; NGT= nasogastric tube; NPO= nothing by mouth; O2= oxygen; OGT= oral gastric tube; PO= by mouth; PPE= personal protective equipment; pH= hydrogen ion concentration; Pro= protein; R= right; Sp G= specific gravity

Patient Care Flowsheet

Code: ✓= Normal
* = See Narrative
E = Exception

9. TUBES / DRAINS Patent. Site is dry without erythema, swelling, or drainage	☐ **WNL** #1 Location _____ ☐ Gravity / Water seal ☐ Suction____cm ☐ Drainage_____ ☐ Fluctuates ☐ **WNL** #2 Location _____ ☐ Gravity / Water seal ☐ Suction____cm ☐ Drainage_____ ☐ Fluctuates Tubes / Drains: Type_____ Location_____ Type_____ Location_____ Type_____ Location_____	☐ **WNL** #1 Location _____ ☐ Gravity / Water seal ☐ Suction____cm ☐ Drainage_____ ☐ Fluctuates ☐ **WNL** #2 Location _____ ☐ Gravity / Water seal ☐ Suction____cm ☐ Drainage_____ ☐ Fluctuates Tubes / Drains: Type_____ Location_____ Type_____ Location_____ Type_____ Location_____	☐ **WNL** #1 Location _____ ☐ Gravity / Water seal ☐ Suction____cm ☐ Drainage_____ ☐ Fluctuates ☐ **WNL #2** Location _____ ☐ Gravity / Water seal ☐ Suction____cm ☐ Drainage_____ ☐ Fluctuates Tubes / Drains: Type_____ Location_____ Type_____ Location_____ Type_____ Location_____

Quantitative Data	08	09	10	11	12	13	14	15	16	17	18	19
Initials												
Temperature axillary oral tympanic rectal temporal												
Pulse												
Respirations												
Blood pressure Manual NIBP BP cuff size:												
Oxygen concentration route:												
Oxygen saturation												
PEWS												
Behavior												
Cardiovascular												
Respiratory												
PEWS Score												

Behavior = 0
- Playing
- Smiling

Behavior = 1
- Irritable
- Consolable

Behavior = 2
- Irritable
- Inconsolable

Behavior = 3
- Lethargic / Confused
- Decreased response to pain

Cardiovascular = 0
- Pink
- Capillary refill 1-2 seconds

Cardiovascular = 1
- Pale
- Capillary refill 3 seconds

Cardiovascular = 2
- Gray
- Capillary refill 4 seconds
- Tachycardia 20 above normal for age

Cardiovascular= 3
- Gray AND mottled
- Capillary refill 5 seconds
- Tachycardia 30 above normal for age
- Bradycardia

Respiratory = 0
- Within normal parameters
- No retractions

Respiratory = 1
- > 10 above normal for age
- Using access muscles
- 30+% FiO2 Trach Collar / Venti mask / BIPAP
- 3+L / min oxygen nasal canula / heated high flow

Respiratory = 2
- >20 above normal for age
- Retractions
- 40+% FiO2 Trach Collar / Venti mask / BIPAP
- 6+ L / min oxygen nasal canula / heated high flow

Respiratory = 3
- Respiratory rate below normal parameters with retractions
- Grunting
- 50+ FiO2 Trach Collar / Venti mask / BiPAP
- 8+ L / min oxygen nasal canula / heated high low

Total PEWS Score

Score 0 - 2 = Green
- Assess patient every 4 hours

Score 3 = Yellow
- Assess patient every 3 hours

Score 4 = Orange
- Assess patient every 2 hours

Score 5 or > = Red
- Assess patient every 1 hours

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Patient Care Flowsheet

		08	09	10	11	12	13	14	15	16	17	18	19
PAIN	Pain assessed?												
	Pain Scale FLACC, FACES, 0-10												
	Score												
	Location												
	Date of onset												
	PCA Pump												
	Deliveries												
	Demands												
IV Assessments		08	09	10	11	12	13	14	15	16	17	18	19
Line 1													
IV Site													
ACT ✓													
Phlebitis Score													
Infiltration Classification													
Infiltration Percentage													
Line 2													
IV Site													
ACT ✓													
Phlebitis Score													
Infiltration Classification													
Infiltration Percentage													
Line 3													
IV Site													
ACT ✓													
Phlebitis Score													
Infiltration Classification													
Infiltration Percentage													

Phlebitis Score

0 = No symptoms
1 = Erythema at access site with or without pain
2 = Pain at access site with erythema and / or edema
3 = Pain at access site with erythema and / or edema, Streak formation, palpable venous cord
4 = Pain at access site with erythema and / or edema, Streak formation, palpable venous cord >1 inch in length, purulent drainage

Infiltration Classification

0 = No symptoms
1 = Mild - Swelling less than or equal to 60%. No moderate or serious findings
2 = Moderate - Swelling greater than 60%. Red skin that blanches, clear blisters present, diminished pulse below site. **Reassess site every 1 hour until mild, then every 4 hours until resolved.**
3 = Serious - Red and white skin that does not blanch readily, skin break down or necrosis, capillary refill greater than 8 seconds, absent palpable pulse below site, absent doppler pulse below site, **Reassess site every 1 hour until mild, then every 4 hours until resolved.**

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Sedation Level
Document the appropriate code.
S= Sleeping, easy to arouse
1= Awake and Alert
2= Slightly drowsy, easily aroused
3= Frequently drowsy, arousable, drifts off to sleep during conversation
4= Somnolent, minimal or no response to verbal or physical stimulation
Responds to Pain Only
Sedated for procedure
No Response
Unable to assess

20	21	22	23	00	01	02	03	04	05	06	07

20	21	22	23	00	01	02	03	04	05	06	07

Today's weight ______
Previous day's weight ______
Admit weight ______
Height ______
Frontal occipital circumference ______

PREVIOUS 24°

Intake ______
Output ______
Balance ______
Blood out ______

BREAKFAST

Diet ______
☐ NPO for ______
Food taken per ☐ Self
☐ Assist ☐ Fed
☐ All ☐ ¾ ☐ ½ ☐ ¼
☐ None
☐ Refused

Tolerated without difficulty
☐ Yes ☐ No
Swallowed without difficulty
☐ Yes ☐ No
Calorie Count ☐ Yes ☐ No

SNACK

☐ All ☐ ¾ ☐ ½ ☐ ¼
☐ None

LUNCH

Diet ______
☐ NPO for ______
Food taken per ☐ Self
☐ Assist ☐ Fed
☐ All ☐ ¾ ☐ ½ ☐ ¼
☐ None
☐ Refused

Tolerated without difficulty
☐ Yes ☐ No
Swallowed without difficulty
☐ Yes ☐ No
Calorie Count ☐ Yes ☐ No

SNACK

☐ All ☐ ¾ ☐ ½ ☐ ¼
☐ None

DINNER

Diet ______
☐ NPO for ______
Food taken per ☐ Self
☐ Assist ☐ Fed
☐ All ☐ ¾ ☐ ½ ☐ ¼
☐ None
☐ Refused

Tolerated without difficulty
☐ Yes ☐ No
Swallowed without difficulty
☐ Yes ☐ No
Calorie Count ☐ Yes ☐ No

SNACK

☐ All ☐ ¾ ☐ ½ ☐ ¼
☐ None

Signature / Title ______ Initials ______
Print name: ______ Initials ______

Signature / Title ______ Initials ______
Print name: ______ Initials ______

Key: °= hour; #= number; %= percent; Amt= amount; cm= centimeter; EENMT = eyes, ears, nose, mouth, throat; Glu= glucose; GT= gastrostomy tube; GU= genitourinary; heme= blood; ICP- intracranial pressure; ID= identification; IV= intravenous; J-tube= jejunostomy tube; L= left; L / min= liter per minute; NA= not applicable; NDT= nasoduodenal tube; NGT= nasogastric tube; NPO= nothing by mouth; O2= oxygen; OGT= oral gastric tube; PO= by mouth; PPE= personal protective equipment; pH= hydrogen ion concentration; Pro= protein; R= right; Sp G= specific gravity

Patient Care Flowsheet

HOUR	BLOOD PRODUCTS		PARENTERAL												ENTERAL INTAKE	
	Type	Hourly Pt.	Soln / Rate	Hourly Patient	Cumulative Patient	Soln / Rate	Hourly Patient	Cumulative Patient	Soln / Rate	Hourly Patient	Cumulative Patient	Soln / Rate	Hourly Pt.	Cum Pt.	Meal Amt.	Diet / Meds
08																
09																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
			12 Hr. Totals													
20																
21																
22																
23																
00																
01																
02																
03																
04																
05																
06																
07																
			24 Hr. Totals													

Signature / Title _____ Initials _____

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SITE

A. _____
B. _____
C. _____
D. _____
E. _____

Date: _____

IV SOLUTIONS

_____
_____
_____
_____
_____

ENTERAL INTAKE			URINE (1 - 2 cm / kg / hr)					STOOL				GASTRIC				OTHER			HOUR
PO Amt.	Tube Amt.	Residual Amt.	Amt.	Color	ph / Heme	Pro / Glu	Sp G	Amt.	Urine & Stool	Color / Cons.	Heme	NGT	GT	Emesis	Color				
																			08
																			09
																			10
																			11
																			12
																			13
																			14
																			15
																			16
																			17
																			18
																			19
										12 Hr. Totals									
																			20
																			21
																			22
																			23
																			00
																			01
																			02
																			03
																			04
																			05
																			06
																			07
										24 Hr. Totals									

24 HOUR TOTAL OUTPUT

Urine
- Y -yellow
- B -brown
- Bld -bloody
- C -clear
- S -sediment

Stool
Color / consistency
- B -brown
- G -green
- Y -yellow
- Bld -bloody
- S -soft
- F -formed
- M -mucus
- L -loose

Gastric
- Y -yellow
- B -brown
- Bld -bloody
- C -clear
- S -sediment

Signature / Title _____ Initials _____ Signature / Title _____ Initials _____
Print name: _____ Initials _____ Print name: _____ Initials _____

Key: º= hour; #= number; %= percent; Amt= amount; cm= centimeter; EENMT = eyes, ears, nose, mouth, throat; Glu= glucose; GT= gastrostomy tube; GU= genitourinary; heme= blood; ICP- intracranial pressure; ID= identification; IV= intravenous; J-tube= jejunostomy tube; L= left; L / min= liter per minute; NA= not applicable; NDT= nasoduodenal tube; NGT= nasogastric tube; NPO= nothing by mouth; O2= oxygen; OGT= oral gastric tube; PO= by mouth; PPE= personal protective equipment; pH= hydrogen ion concentration; Pro= protein; R= right; Sp G= specific gravity

Patient Care Flowsheet

Date: _____

TIME	PROBLEM	A I R	A = ASSESSMENT I = INTERVENTION R = RESPONSE

Signature / Title: _____ Date / Time: _____

Print name: _____

Signature / Title: _____ Date / Time: _____

Print name: _____

Key: º= hour; #= number; %= percent; Amt= amount; cm= centimeter; EENMT = eyes, ears, nose, mouth, throat; Glu= glucose; GT= gastrostomy tube; GU= genitourinary; heme= blood; ICP- intracranial pressure; ID= identification; IV= intravenous; J-tube= jejunostomy tube; L= left; L / min= liter per minute; NA= not applicable; NDT= nasoduodenal tube; NGT= nasogastric tube; NPO= nothing by mouth; O2= oxygen; OGT= oral gastric tube; PO= by mouth; PPE= personal protective equipment; pH= hydrogen ion concentration; Pro= protein; R= right; Sp G= specific gravity