DATE:	FROM: 0700	TO: 0700

☑ ON THIS PAGE INDICATES ACTIVITY COMPLETED OR EQUIPMENT IN PLACE.

MOBILITY	D	E	N	SPECIAL APPLIANCES	D	E	N	SAFETY PRECAUTIONS	D	E	N
BED REST (TURN q 2°)				ANTIEMBOLIC STOCKINGS				CALL BUTTON IN REACH			
DANGLE				KNEE _____ THIGH _____ REMOVED & REAPPLIED				VISUAL OBSERVATION Q 2°			
CHAIR ASSIST				SCD'S				BED LOW & LOCKED			
ASSIST WALKING				CPM				SIDE RAILS UP X 4 ☐ Padded			
BRP				HOT ICE				X 2			
UP AD LIB				TRACTION: Type: _____ Lbs: _____				**FALL PRECAUTIONS**			
CANE/CRUTCHES/WALKER				THERAPEUTIC MATTRESS TYPE:				OVERBED SIGN			
HYGIENE				SPECIAL BED _____ TYPE				NIGHT LIGHT			
SELF/COMPLETE/ASSIST				K-PAD				TOILETED Q 2 H			
SHOWER				PCA PUMP / CADD PUMP (See Pain Management Flowsheet)				REALITY ORIENTATION			
ORAL CARE/DENTURE CARE											
CATHETER CARE											
DC CATHETER (TIME)											
COUGH & DEEP BREATHE q 2-4h											
INCENTIVE SPIROMETER q 2-4h.											

	(Time/Initials)			SPECIMENS SENT *(Use for STAT or Nurse Drawn specimens)*							
Blood Culture											
Other Culture - (Source)											

REPORTED ABNORMAL LAB TEST RESULTS

	VALUE	TIME	REPORTED TO:		VALUE	TIME	REPORTED TO:		VALUE	TIME	REPORTED TO:
Na				Lipase/Amylase				PT			
K				Calcium				INR			
Cl				Magnesium				PTT			
CO_2				WBC				CPK Total			
BUN				Hb				MB			
Creat				Hct				Troponin			
Glucose				Platelets				Cultures			

DISCHARGE PLANNING

☐ Discussed in Multidisciplinary Discharge Rounds
☐ No needs identified
Identified needs: ☐ Extended Care Placement ☐ Home Assistance ☐ Transportation ☐ Psychosocial
☐ Equipment ☐ Self Care Procedure ☐ Special Education ☐ Special Forms

Comments: _____

CONSULTS REQUESTED (* MD Order Required)

☐ Social Service ☐ CNS/Psych Liaison ☐ Wound/Ostomy* ☐ Swallow Assess* ☐ Pastoral Care ☐ Other: _____

☐ IV Therapy ☐ RT ☐ Nutrition ☐ PT* ☐ OT* ☐ Speech*

INITIALS	DAY SIGNATURE	INITIALS	EVENING SIGNATURE	INITIALS	NIGHT SIGNATURE

ADDRESSOGRAPH

HEALTHCARE
Hospital

24 HR. NURSING FLOWSHEET

6010-158 (R 12/99)

DATE | ADMISSION ASSESSMENT Time: ☐ | ☐ PATHWAY PATIENT ADMITTING DIAGNOSIS

0700-1500

Assessment Completed Time _____

SIGNATURE _____

NEURO

ORIENTED TO: ☐ Person ☐ Place ☐ Time
LOC: ☐ Alert ☐ Confused ☐ Lethargic ☐ Restless ☐ Unresponsive
SPEECH: ☐ Clear ☐ Slurred ☐ Garbled ☐ Rambling ☐ Mute
COMMANDS: ☐ Follows consistently ☐ Occasionally ☐ Does not follow
Comments: _____

MOTOR/MOVEMENT

Purposful Action: ☐ Always ☐ Some ☐ None
Strength: RUE ☐ Strong ☐ Moderate ☐ Weak
LUE ☐ Strong ☐ Moderate ☐ Weak
RLE ☐ Strong ☐ Moderate ☐ Weak
LLE ☐ Strong ☐ Moderate ☐ Weak
Gait: ☐ Normal ☐ Slow/Steady ☐ Unsteady ☐ Not Walking
Gait: ☐ RUE ☐ LUE ☐ RLE ☐ LLE
Comments: _____

PSYC

☐ Calm ☐ Cooperative ☐ Anxious
☐ Depressed ☐ Forgetful ☐ Agitated
☐ Hallucinating
Comments: _____

CVS

HEART SOUNDS: ☐ Regular ☐ Irregular
EDEMA: ☐ None site_____ ☐1+ ☐2+ ☐3+ ☐4+
site_____ ☐1+ ☐2+ ☐3+ ☐4+
RADIAL PULSE: Left ☐ Ø ☐ Weak ☐ Strong
Right ☐ Ø ☐ Weak ☐ Strong
PEDAL PULSE: Left ☐ Ø ☐ Weak ☐ Strong
Right ☐ Ø ☐ Weak ☐ Strong
Skin: ☐ Warm ☐ Cold ☐ Dry ☐ Diaphoretic ☐ Pale ☐ Flushed ☐ Jaundice
Comments: _____

PULMONARY

RESP. ☐ Reg ☐ Irreg ☐ Easy ☐ Labored
Clear ☐ RUL ☐ RML ☐ RLL ☐ LU ☐ LLL
Crackles ☐ RUL ☐ RML ☐ RLL ☐ LU ☐ LLL
Rhonchi ☐ RUL ☐ RML ☐ RLL ☐ LU ☐ LLL
Wheezes ☐ RUL ☐ RML ☐ RLL ☐ LU ☐ LLL
☐ Cough: ☐ Strong ☐ Weak Trach ☐
Secretions: _____
O2 Therapy: _____ SpO2 _____
☐ CHEST TUBE ☐ Suction ___cm ☐ Gravity ☐ Fluctuation ☐ Air Leak
Comments: _____

GI

ABD: ☐ Soft ☐ Non Tender ☐ Distended ☐ Tender
☐ NAUSEA/VOMITING
BOWEL SOUNDS: ☐ Present ☐ Absent ☐ Hypoactive ☐ Hyperactive
BM: ☐ Continent ☐ Incontinent ☐ None ☐ Formed ☐ Liquid
COLOR _____
TUBES ☐ NG ☐ GT ☐ JT ☐ Feeding tube ☐ Suction ☐ Placement ✓ ☐ Residual ✓_____ ml
DRAINS: ☐ T-Tube ☐ JP ☐ Hemovac ☐ Tenchoff Caheter
Ostomy Type: _____
☐ Red (normal) ☐ Dusky ☐ Edematous
Comments: _____

GU

☐ Continent ☐ Incontinent ☐ Voiding
☐ Foley ☐ Suprapubic
☐ Nephrostomy ☐ Urostomy
☐ External Cath ☐ 3-way Irrigation
☐ Clear ☐ Cloudy ☐ Sediment ☐ Clots
☐ Yellow ☐ Amber ☐ Red ☐ Pink
☐ Vaginal Drainage ☐ Bladder Distention
Comments: _____
AV Graft Location: _____
Thrill ☐ Strong ☐ Weak ☐ Absent
Bruit ☐ Strong ☐ Weak ☐ Absent

Nurses Notes (VAR) (0700-1500)

V = Variance
A = Action
R = Response

1500-2300

Assessment Completed Time _____

SIGNATURE _____

NEURO

ORIENTED TO: ☐ Person ☐ Place ☐ Time
LOC: ☐ Alert ☐ Confused ☐ Lethargic ☐ Restless ☐ Unresponsive
SPEECH: ☐ Clear ☐ Slurred ☐ Garbled ☐ Rambling ☐ Mute
COMMANDS: ☐ Follows consistently ☐ Occasionally ☐ Does not follow
Comments: _____

MOTOR/MOVEMENT

Purposful Action: ☐ Always ☐ Some ☐ None
Strength: RUE ☐ Strong ☐ Moderate ☐ Weak
LUE ☐ Strong ☐ Moderate ☐ Weak
RLE ☐ Strong ☐ Moderate ☐ Weak
LLE ☐ Strong ☐ Moderate ☐ Weak
Gait: ☐ Normal ☐ Slow/Steady ☐ Unsteady ☐ Not Walking
Gait: ☐ RUE ☐ LUE ☐ RLE ☐ LLE
Comments: _____

PSYC

☐ Calm ☐ Cooperative ☐ Anxious
☐ Depressed ☐ Forgetful ☐ Agitated
☐ Hallucinating
Comments: _____

CVS

HEART SOUNDS: ☐ Regular ☐ Irregular
EDEMA: ☐ None site_____ ☐1+ ☐2+ ☐3+ ☐4+
site_____ ☐1+ ☐2+ ☐3+ ☐4+
RADIAL PULSE: Left ☐ Ø ☐ Weak ☐ Strong
Right ☐ Ø ☐ Weak ☐ Strong
PEDAL PULSE: Left ☐ Ø ☐ Weak ☐ Strong
Right ☐ Ø ☐ Weak ☐ Strong
Skin: ☐ Warm ☐ Cold ☐ Dry ☐ Diaphoretic ☐ Pale ☐ Flushed ☐ Jaundice
Comments: _____

PULMONARY

RESP. ☐ Reg ☐ Irreg ☐ Easy ☐ Labored
Clear ☐ RUL ☐ RML ☐ RLL ☐ LU ☐ LLL
Crackles ☐ RUL ☐ RML ☐ RLL ☐ LU ☐ LLL
Rhonchi ☐ RUL ☐ RML ☐ RLL ☐ LU ☐ LLL
Wheezes ☐ RUL ☐ RML ☐ RLL ☐ LU ☐ LLL
☐ Cough: ☐ Strong ☐ Weak Trach ☐
Secretions: _____
O2 Therapy: _____ SpO2 _____
☐ CHEST TUBE ☐ Suction ___cm ☐ Gravity ☐ Fluctuation ☐ Air Leak
Comments: _____

GI

ABD: ☐ Soft ☐ Non Tender ☐ Distended ☐ Tender
☐ NAUSEA/VOMITING
BOWEL SOUNDS: ☐ Present ☐ Absent ☐ Hypoactive ☐ Hyperactive
BM: ☐ Continent ☐ Incontinent ☐ None ☐ Formed ☐ Liquid
COLOR _____
TUBES ☐ NG ☐ GT ☐ JT ☐ Feeding tube ☐ Suction ☐ Placement ✓ ☐ Residual ✓_____ ml
DRAINS: ☐ T-Tube ☐ JP ☐ Hemovac ☐ Tenchoff Caheter
Ostomy Type: _____
☐ Red (normal) ☐ Dusky ☐ Edematous
Comments: _____

GU

☐ Continent ☐ Incontinent ☐ Voiding
☐ Foley ☐ Suprapubic
☐ Nephrostomy ☐ Urostomy
☐ External Cath ☐ 3-way Irrigation
☐ Clear ☐ Cloudy ☐ Sediment ☐ Clots
☐ Yellow ☐ Amber ☐ Red ☐ Pink
☐ Vaginal Drainage ☐ Bladder Distention
Comments: _____
AV Graft Location: _____
Thrill ☐ Strong ☐ Weak ☐ Absent
Bruit ☐ Strong ☐ Weak ☐ Absent

PATIENT PROBLEM STATEMENT *(Indicate Date Activated and Date Resolved)*

1. Altered Level of Consciousness
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

2. Anxiety
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

3. Grieving
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

4. Alteration in Comfort
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

5. Knowledge Deficit
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

6. Alteration in Cardiac Output
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

7. Impaired Tissue Perfusion
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

8. Impaired Skin Integrity
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

9 Impaired Gas Exchange
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

10. Alteration in Temperature
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

11. Alteration in GI Function
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

12. Alteration in Nutrition
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

13 Altered Urinary Elimination
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

14.Altered Fluid Vol: Deficit
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

15. Altered Fluid Vol: Excess
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

16 Alteration in Mobility
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

17 Self Care Deficit
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

18. Other:
☐ Acute ☐ Chronic
☐ Active _____ ☐ Resolved_____

Pain Assessment & Interventions (q shift and PRN)

PAIN MANAGEMENT									
Time									
Location									
Severity (0-10)									
Character (1-8)									
Intervention (M, P, R, O)									
Outcome (0-10)									

Use the following severity scale, character, intervention and outcome guide.

Severity Scale: Mild (1, 2, 3), Moderate (4, 5, 6), Severe (7, 8, 9) and Very Severe (10) *(0-3=Acceptable level)*

Character Guide: Constant (1), Intermittent (2), Sharp (3), Stabbing (4), Throbbing (5), Dull (6), Crushing (7), and Burning (8).*(All that apply)*

Intervention: Medicated (M), Position change (P), Relaxation techniques (R) and Other (*). *(All that apply)*

Outcome: Pain label rating 0-10.
(Recheck pain within 1 hour after intervention)

Daily Pressure Risk Assessment (QD)

Sensory Perception
1. completely limited
2. very limited
3. slightly limited
4. no impairment

Moisture
1. constantly moist
2. very moist
3. occasionally moist
4. rarely moist

Activity
1. bedfast
2. chairfast
3. walks occasionally
4. walks frequently

Mobility
1. completely immobile
2. very limited
3. slightly limited
4. no limitations

Nutrition
1. very poor
2. probably inadequate
3. adequate
4. excellent

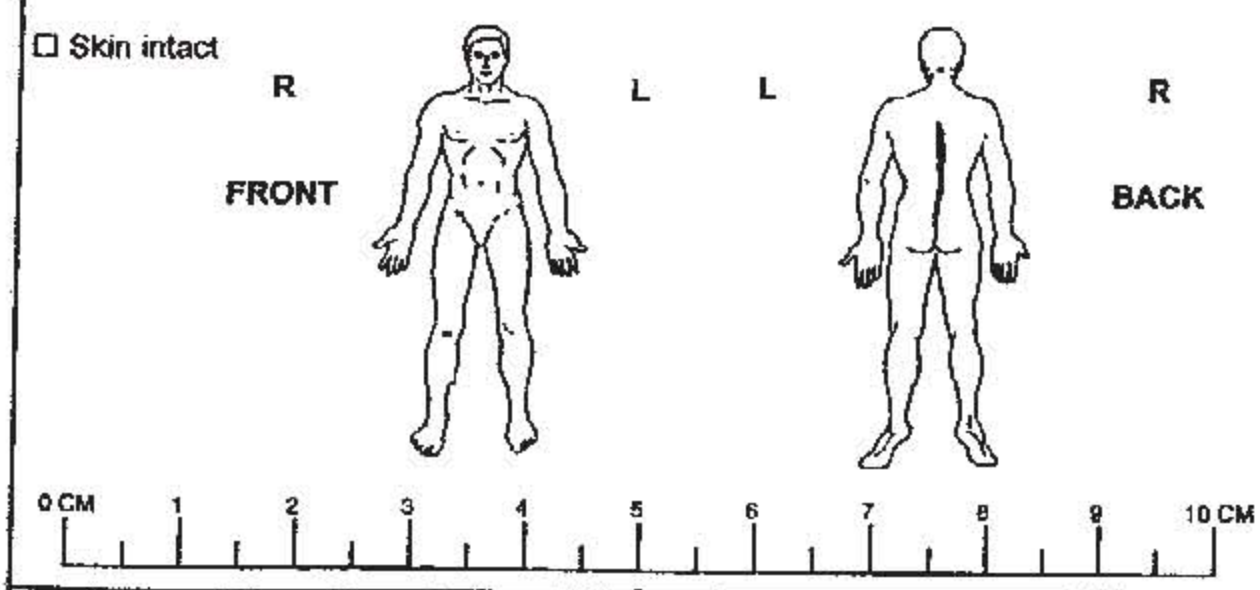
Friction & Shear
1. problem
2. potential problem
3. no apparent problem

If score ≤17 Implement Pressure Risk Protocol and Place copy on chart.

Total	Initials

Integumentary Assessment and Interventions (q shift and PRN)

☐ Skin intact



Wounds / Lesions Codes *(Use all that apply)*

WOUND TYPE
I = Incision
W = Wound
O = Other (Describe):_____
_____
_____

APPEARANCE
B=Black/Necrosis
R=Rash
BL=Blister
E=Erythema
G=Granulation
H=Hematoma
I=Intact Dressing/Suture/Staples
IN=Induration
N= Non-intact suture/staples

DRAINAGE
BL = Bloody
D = Dry
O = Odorous
PR = Purulent
S = Serous
SS = Serosanguinous
Y= Yellow/Slough

DRESSING
A = Alginate
N=None
C= Cream/Ointment
S=Saline gauze
F=Film
FO= Foam
G= Dry gauze
H= Hydrogel
HC= Hydrocolloid

Time/Type										
Location										
Appearance										
Drainage										
Dressings										
Size length										
width										
depth										

0700-1500	1500-2300	2300-0700
Assessment Continued	Assessment Continued	Assessment Continued
ACCESS Site ✓ Code: N-Normal R-Red S-Swelling P-Pain PERIPHERAL CATHETER: ☐ q 2 hr ✓ ☐ Saline Lock Location:_____ Site ✓_____ ☐ IV Location:_____ Site ✓_____ CENTRAL LINE: ☐ q2hr ✓ ☐ Subclavian ☐ Jugular ☐ Mediport ☐ PICC ☐ Quinton/Perma Cath ☐ Other_____ Location:_____ Site ✓_____	ACCESS Site ✓ Code: N-Normal R-Red S-Swelling P-Pain PERIPHERAL CATHETER: ☐ q 2 hr ✓ ☐ Saline Lock Location:_____ Site ✓_____ ☐ IV Location:_____ Site ✓_____ CENTRAL LINE: ☐ q2hr ✓ ☐ Subclavian ☐ Jugular ☐ Mediport ☐ PICC ☐ Quinton/Perma Cath ☐ Other_____ Location:_____ Site ✓_____	ACCESS Site ✓ Code: N-Normal R-Red S-Swelling P-P PERIPHERAL CATHETER: ☐ q 2 hr ✓ ☐ Saline Lock Location: _____ Site ✓_____ ☐ IV Location:_____ Site ✓_____ CENTRAL LINE: ☐ q2hr ✓ ☐ Subclavian ☐ Jugular ☐ Mediport ☐ Pl ☐ Quinton/Perma Cath ☐ Other_____ Location:_____ Site ✓_____

TRANSPORT							TELEMETRY
TIME LEFT / TIME RETURNED							0700-1500 PRI _____ QRS _____ RATE _____ INTERPRETATION_____
DEPARTMENT							1500-2300 PRI _____ QRS _____ RATE _____ INTERPRETATION_____
PROCEDURE/TEST							2300-0700 PRI _____ QRS _____ RATE _____ INTERPRETATION_____
MODE-	WC STR	WC STR	WC STR	WC STR	WC STR		
TELEMETRY ☐ YES ☐ NO							

NURSING PROGRESS NOTES/RHYTHM STRIPS

CONTINUOUS IV SOLUTIONS				IV DEVICES				
IV SOLUTION	Date/Time Up	Tubing Change	Rate	Type/Size	Site	Insert date Time	Dressing Change	Initials

NUTRITION	SELF/ASSIST/FEED	D	E	BOLUS FEEDINGS	Time	Residual Amt	Amt Infused
Type of Diet % Consumed	SNACKS						
_____ B _____ %	SUPPLEMENT						
_____ L _____ %	ENTERAL SOLUTIONS	RATE	TUBING CHANGE				
_____ D _____ %							

INTAKE

TIME	0700	0800	0900	1000	1100	1200	1300	1400	8 Hr. Total	1500	1600	1700	1800	1900	2000	2100	2200	8 Hr. Total	2300	2400	0100	0200	0300	0400	0500	0600	8 Hr. Total	24 H
PO/NG/TF																												
IV SITE																												
IVPB																												
Blood																												
Plasma/Platelets																												
TOTAL																												

OUTPUT

TIME	0700	0800	0900	1000	1100	1200	1300	1400	8 Hr. Total	1500	1600	1700	1800	1900	2000	2100	2200	8 Hr. Total	2300	2400	0100	0200	0300	0400	0500	0600	8 Hr. Total	24 H
Void																												
Incontinent Void(Estim)																												
In/Out Cath																												
Catheter																												
Emesis																												
NG Drainage																												
JP Drainage																												
Hemovac Drainage																												
Chest Tube Drainage																												
Stools																												
TOTAL																												

[redacted]