## Hospital

### Acute Care Flowsheet

**Graphic Patient Daily Care Record**

| Time | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| **Temperature** | S  | D  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Blood Pressure** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Pulse** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Respirations** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **SpO2** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **FiO2** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **O2 Mode** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Result** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Intervention** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Initials** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Scale 0 - 10** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Region** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Intervention** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Response 0-10** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Within one hour of intervention** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Alarm On - Type** |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

### Nebulizer

- Aerosol Nebulizer
- Incentive Spirometry
- CPAP
- BiPap Therapy

### Ventilator

- Tidal Volume
- FiO2
- Mode/Rate
- PEEP/PSV

### Respiratory Teachings

- DC Teaching
- Mechanical Expiratory
- Mechanical Inspiratory

### Pain Management

- Location
- Head
- Neck
- Spinal cord
- Other

### Glucose Intervention

- Pharmacological (see MAP)
- Hypoglycemia protocol

### Other Interventions

- Relaxation
- Education
- Splinting
- Imaging
**COMPREHENSIVE ASSESSMENT**

- **Precipitating cause**
- **Quality (code)**
- **Region (code)**
- **Severity (code)**
- **Movement #**
- **Timing (code)**
- **Duration (code)**
- **FLACC Score**

**Fall Risk Re-Assessment**

- **Record**
- **Record Above 7A**
- **Record Above 7P**
- **Record**

**Respirations**

- **Recording breath sounds 0 - 10 scale**
- **No bradypnea or bradypnea**
- **Abnormal breath sounds**
- **No noisy breathing**
- **No audible breath sounds**
- **No coarse breathing**
- **No wheezing**
- **No crackles**

**Skin**

- **Skin color**
- **Skin temperature**
- **Skin turgor**
- **Skin moisture**
- **Skin peristalsis**
- **Skin rehydration**
- **Skin retraction**
- **Skin edema**
- **Skin lesions**

**INITIALS**

<table>
<thead>
<tr>
<th>Type</th>
<th>Notification</th>
<th>Behavior</th>
<th>Alternatives</th>
<th>Outcomes</th>
<th>Basic Care</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>RW</td>
<td>Right wrist</td>
<td>Left side</td>
<td>Right leg</td>
<td>Right leg</td>
<td>Right side</td>
<td></td>
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<tr>
<td>LW</td>
<td>Left wrist</td>
<td>Right side</td>
<td>Left leg</td>
<td>Left leg</td>
<td>Left side</td>
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<tr>
<td>SL</td>
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<td>Right side</td>
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<td>Left hand</td>
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<tr>
<td>SN</td>
<td>Right side</td>
<td>Left side</td>
<td>Right side</td>
<td>Left side</td>
<td>Right side</td>
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</tbody>
</table>

**Check mark indicates**

- **Repositioning**
- **Suctioning**
- **Grip**
- **Handwashing**
- **Drawsheet**
- **Positioning**
- **Medication**
- **Oxygen**
- **Hygiene**
- **Skin care**
- **Nutrition**
- **Positioning**
- **Foot care**
- **Skeletal care**
- **Gastrointestinal**
- **Elimination**
- **Respiratory**
- **Circulation**
- **Sedation**

**Legend**

- **1 Not at risk**
- **2 Low risk**
- **3 Moderate risk**
- **4 High risk**
- **5 Very high risk**

**Score**

- **0** = No risk
- **1-2** = Low risk
- **3-4** = Moderate risk
- **5-6** = High risk
- **7-8** = Very high risk

**Score interpretation**

- **0-2** = Low risk
- **3-6** = Moderate risk
- **7-9** = High risk
- **10-12** = Very high risk
# Hospital

## Acute Care Flowsheet

### Bed in prevention mode
- [ ] Specialty bed
- [ ] Isolation

### Safety precautions:
- [ ] Aspirations
- [ ] Fall
- [ ] Seizure
- [ ] Neutropenia
- [ ] Bleeding
- [ ] Radiation
- [ ] Chemotherapy

### Labs reviewed and [ ] WNL [ ] Reported

#### Initial 24-07
- [ ] Labs reviewed and [ ] WNL [ ] Reported

#### Initial 07-15
- [ ] Labs reviewed and [ ] WNL [ ] Reported

#### Initial 15-24
- [ ] Labs reviewed and [ ] WNL [ ] Reported

### Diagnostic Tests
- [ ] Bed rest with position change every two hours
- [ ] Range of Motion
- [ ] Position Change [ ] Independent [ ] Assist
- [ ] Bed rest with BRP
- [ ] OOB [ ] Ad lib [ ] Chair
- [ ] Ambulates [ ] Independent [ ] Assist
- [ ] Care Level [ ] Self [ ] Assist [ ] Complete
- [ ] Bath [ ] Complete [ ] Partial
- [ ] Oral Care
- [ ] Reinforced call light use
- [ ] Safety precautions reinforced and maintained
- [ ] Supervised OOB [ ] O2H Toilet
- [ ] Siderail pads [ ] Overhead Traction
- [ ] IV Band Present and Verified
- [ ] NPO

### Diet
- [ ] Intake [% of Offered Diet]
- [ ] Tube placement verified
- [ ] Protein Supplement per order
- [ ] TEDS [ ] SCDS [ ] Removed for skin inspection
- [ ] CPM during bed rest
- [ ] Chest tube [ ] Right [ ] Left
- [ ] Suction [ ] cm [ ] Water seal
- [ ] Trach # [ ] Care provided every 8 hours and pm.
- [ ] Dressing(s) intact
- [ ] Dressing(s) changed (see skin sheet)
- [ ] Infection line care
- [ ] Ostomy care [ ] Pin care
- [ ] Urinary catheter care [ ] Drain care
- [ ] Cooling blanket [ ] Tube care
- [ ] Incentive Spirometer

### Plan of care reviewed and updated with
- [ ] Patient
- [ ] Family
- [ ] Patient [ ] Family verbalized understanding of
  - [ ] Pain management
  - [ ] Medications

### Visitors

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Initiates indicate interventions have been adhered to or changed as necessary; asterisk denotes added documentation in Interdisciplinary Notes.
# ITAKE AND OUTPUT

## PREVIOUS 24 HOURS

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total 24 Hour In</td>
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</tr>
<tr>
<td>Total 24 Hour Out</td>
<td></td>
</tr>
<tr>
<td>I&amp;O Variance</td>
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</table>

## INTAKE IV

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<tr>
<th>Time</th>
<th>Site</th>
<th>Type</th>
<th>Solution</th>
<th>Unit</th>
<th>Date</th>
<th>Amount</th>
<th>Time</th>
<th>Type</th>
<th>Solution</th>
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<tbody>
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</table>

## TUBE FEEDING/WATER FLUSHES

<table>
<thead>
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<th>Site</th>
<th>Type</th>
<th>Amount</th>
<th>Date</th>
<th>Amount</th>
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## ORAL

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<th>Amount</th>
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</thead>
<tbody>
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</table>

## OUTPUT

<table>
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<tr>
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<th>Type</th>
<th>Amount</th>
<th>Initial</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

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**TIME**
- 24-15
- 07:15
- 15:24
- Initial:

**Location**
- I.V., I.V. Cath., C.P.C., C.V.C., Holman, Port, Other/Site

**Initial Insertion Date**
- Time: 24 7 15

**Site-Patient Name**
- Asymptomatic

**Dressings to be changed**
- IV before changing 72 and label

**Reason for removal or restart (include change pulled out, occluded, infiltrate, etc.)**
- Progress note documented recorded for site assessment and removal

**Tubing/Pump Check**

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**PAGE 4 OF 4 ACUTE CARE FLOWSHEET**