CHILDREN'S HOSPITAL
UNIVERSITY MEDICAL CENTER

PEDIATRIC EMERGENCY DEPARTMENT
PEDIATRIC EMERGENCY NURSING FLOWSHEET

NURSING ASSESSMENT

AIRWAY
- ❒ Patent
- ❒ Nasal Congestion
- ❒ Stridor
- ❒ Drooling
- ❒ Tracheostomy _____
- ❒ Other _____

BREATHING
- ❒ Spontaneous/Normal
- ❒ Labored
- ❒ Nasal Flaring
- ❒ Tripod Position
- ❒ Retractions
- ❒ Other _____

BREATH SOUNDS

	R	L
❒ Clear	❒	❒
❒ Rales	❒	❒
❒ Rhonchi/Wheezing	❒	❒
❒ Decreased	❒	❒
❒ Absent	❒	❒

CIRCULATION

Rhythm
- ❒ Regular
- ❒ Irregular

SKIN
- ❒ Pink
- ❒ Mottled
- ❒ Pale
- ❒ Jaundice
- ❒ Cyanosis
- ❒ Other _____
- ❒ Diaphoretic
- ❒ Warm
- ❒ Cool
- ❒ Dry

MUCOUS MEMBRANES
- ❒ Moist
- ❒ Dry

CAPILLARY REFILL
- ❒ ≤ 2 sec (normal)
- ❒ > 2 sec (delayed)

FONTANEL
- ❒ Soft
- ❒ Sunken
- ❒ Full
- ❒ Bulging
- ❒ N/A

MENTAL STATUS

AVPU
- ❒ Alert
- ❒ Response to verbal stimuli
- ❒ Response to painful stimuli
- ❒ Unresponsive

G.C.S./M.G.C.S _____

Pupils:
R size _____
❒ Brisk ❒ Sluggish ❒ Nonreactive

L size _____
❒ Brisk ❒ Sluggish ❒ Nonreactive

B - BRISK S - SLUGGISH F - FIXED

Pupil Size (mm)

GLASGOW COMA SCALE (GCS)/(Modified Glasgow Coma Scale (MGCS)

EYES OPEN	BEST VERBAL RESPONSE	BEST MOTOR RESPONSE
4 SPONTANEOUSLY	5 ORIENTED/COOS BABBLES	6 OBEYS COMMANDS/SPONTANEOUS
3 TO SOUND	4 CONFUSED PHRASE/IRRITABLE CRY	6 MOVEMENT
2 TO PAIN	3 INAPPROPRIATE WORDS/CRIES TO PAIN	5 LOCALIZES PAIN/WITHDRAWS TO TOUCH
1 NO RESPONSE	2 INCOMPREHENSIBLE SOUNDS/MOANS TO PAIN	4 WITHDRAWS TO PAIN
	1 NO RESPONSE	3 ABNORMAL FLEXION (Decorticate)
	T TRACH OR ETT	2 ABNORMAL EXTENSION (Decerebrate)
		1 NO RESPONSE

ABDOMEN
- ❒ Soft
- ❒ Distended
- ❒ Tender
- ❒ Last meal _____
- ❒ Rigid
- ❒ Guarding
- ❒ Other _____

BOWEL SOUNDS
- ❒ Present
- ❒ Absent
- ❒ Hypoactive (decreased)
- ❒ Hyperactive (increased)

RN Signature _____ Print Name _____

	TIME	PROCEDURE	COMMENTS
AIRWAY		Endotracheal Tube	Size _____ cuffed/uncuffed ❒ NA
		Oxygen_____L/min	❒ N/C ❒ NRB ❒ ETT ❒ BVM ❒ T-PIECE
BREATHING		Ventilator Settings	
		Chest Tube	Size _____ Site _____
CIRCULATION		Central lines	❒ Port-a-cath ❒ Hickman/boviac ❒ Other _____
		Warming Devices	❒ Warm Blanket ❒ Lights ❒ Bair Hugger ❒ Other _____
OTHER		Foley cath	Size _____ Urine color _____ pH____ Protein___ Glucose___ Ketones___ Blood___ Leukocytes____
		NG tube	Size__
		❒ Other _____	

DIAGNOSTIC

Blood Glucose		Labs Drawn	Pregnancy Test	CT SCAN		X-RAY		❒ MRI ❒ Ultrasound ❒ Other	
Time	Results		PT Result tested by _____ Date_____ Time_____ Was the internal control +? ❒ Yes ❒ No Results _____ Lot# _____ Exp. Date _____	Time to	Time returned	Time to	Time returned	Time to	Time returned

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PAIN SCALES: ❒ NIPS ❒ FLACC ❒ FACES ❒ 0-10 ❒ OTHER

TIME	TEMP (route)	BP	PULSE	RESP	O2SAT	PAIN INTENSITY SCORE	PAIN INTERVENTIONS/COMMENTS	G.C.S./ M.G.C.S.	INIT

INTAKE							OUTPUT				
TIME	IV SITE / ANGIO SZ.	IV SOLUTION	RATE	AMOUNT ABSORBED	P.O. INTAKE	RN INIT	TIME	URINE OUTPUT	STOOL	EMESIS	RN INIT
				TOTAL	TOTAL			TOTAL			

BLOOD PRODUCTS			
TIME	SITE	PRODUCT	AMOUNT ABSORBED
			TOTAL

INIT	RN SIGNATURE

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NURSING NOTES

MEDICATIONS

Time Ordered	Medication	Time Given	RN Signature

Date/Time	Notes

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Date/Time	Notes

EKG MOUNTING

ADMISSION/TRANSFER

❑ HUMC Admission: Time: ____ T ____ HR ____ RR ____ BP ____ 02sat ____ Pain Intensity Score ____ Pain Scale ____

❑ Admitted to: ❑ PICU ❑ PEDS _____ ❑ PEDS HEM/ONC _____ ❑ OR ❑ OTHER

❑ RN Report Given to: _____ time: _____

❑ Transfer T ____ HR ____ RR ____ BP ____ 02sat ____ Pain Intensity Score ____ Pain Scale ____

❑ Transferred to: _____ time: _____

MEDICAL RECORDS COPY