

**UNIVERSITY
MEDICAL CENTER
PEDIATRIC FLOW SHEET**

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

Date: _____

Diagnosis: _____

Pain Scale NIPS FLACC Faces 0-10 Other _____

T I M E	BLOOD PRESSURE				HEART RATE				RESPIRATORY RATE				TEMPERATURE A = AXILLARY R = RECTAL PO = ORAL				Intensity or Score	PAIN Intervention/ Comments
	0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45		
7A																		
8A																		
9A																		
10A																		
11A																		
12N																		
1P																		
2P																		
3P																		
4P																		
5P																		
6P																		
7P																		
8P																		
9P																		
10P																		
11P																		
12M																		
1A																		
2A																		
3A																		
4A																		
5A																		
6A																		

Signature: _____ Shift: _____

Signature: _____ Shift: _____

PUPILS
 B - BRISK S - SLUGGISH F - FIXED
 Pupil Size (mm)
 9 8 7 6 5 4 3 2mm

Patient Name _____ MR# _____

PERIPHERAL VASCULAR
PULSE QUALITY
 F - FULL D - DIMINISHED
 A - ABSENT

VASCULAR KEY
 P - PALPABLE
 S - DOPPLER SIGNAL

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

EYES OPEN	BEST VERBAL RESPONSE	BEST MOTOR RESPONSE	MOTOR FUNCTION
4 SPONTANEOUSLY	5 ORIENTED/COOS BABBLES	6 OBEYS COMMANDS/SPONTANEOUS MOVEMENT	MUSCLE STRENGTH MUSCLE TONE
3 TO SOUND	4 CONFUSED PHRASE/IRRITABLE CRY	5 LOCALIZES PAIN/WITHDRAWS TO TOUCH	STRONG + NORMAL N
2 TO PAIN	3 INAPPROPRIATE WORDS/CRIES TO PAIN	4 WITHDRAWS TO PAIN	WEAK 0 FLACCID F
1 NO RESPONSE	2 INCOMPREHENSIBLE SOUNDS/MOANS TO PAIN	3 ABNORMAL FLEXION (Decorticate)	ABSENT A RIGID R
	1 NO RESPONSE	2 ABNORMAL EXTENSION (Decerebrate)	
	T TRACH OR ETT	1 NO RESPONSE	

TIME	SaO ₂				CPT	NEUROLOGICAL DATA							PERIPHERAL VASCULAR						
						PUPILS		COMA SCALE				MOTOR FUNCTIONS			Radial		Pedal		
	LEFT SIZE	RIGHT SIZE	EYES OPEN	BEST VERBAL RESPONSE		BEST MOTOR RESPONSE	GCS/MGCS TOTAL	STRENGTH			L	R	L	R	L	R			
	REACT	REACT						LUE	RUE	LLE							RLE		
7A																			
8A																			
9A																			
10A																			
11A																			
12N																			
1P																			
2P																			
3P																			
4P																			
5P																			
6P																			
7P																			
8P																			
9P																			
10P																			
11P																			
12M																			
1A																			
2A																			
3A																			
4A																			
5A																			
6A																			

Signature: _____ Shift: _____
 Signature: _____ Shift: _____

Yesterday's I&O _____

+/-: _____

PATIENT IDENTIFICATION LABEL HERE

Patient Name _____ MR# _____

INTAKE										OUTPUT					
T I M E						BLOOD PRODUCT	IV MEDS / FLUSH	TYPE OF FLUID PO/NG/GT	AMOUNT PO/NGT/GT	TOTAL INTAKE	URINE		EMESIS	STOOL	TOTAL OUTPUT
LIB															
7A															
8A															
9A															
10A															
11A															
12N															
1P															
2P															
8 HR Total															
3P															
4P															
5P															
6P															
7P															
8P															
9P															
10P															
8 HR Total															
11P															
12M															
1A															
2A															
3A															
4A															
5A															
6A															
8 HR Total															
24 HR Total															

Today's Weight _____ Yesterday's Weight _____ Weight Change _____

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

TIME	URINE TESTING						LABORATORY DATA									
	Specific Gravity	pH	Protein	Glucose	Ketone	Blood	TIME	WBC	Hgb	Hct	Plat	PT	PTT	Fib	FSP	
7A																
8A																
9A																
10A																
11A							TIME	BUN	Creat	Na	K	Cl	CO ₂	BS	Ca	
12N																
1P																
2P																
3P							TIME	Mg PO ₄	Lactate	Osmo	Tprot Alb	AST ALT	Lipase Amylase	T bili D bili	LDH	
4P																
5P																
6P																
7P																
8P							BLOOD GLUCOSE MONITORING									
9P								Time	Result	Time	Result	Time	Result	Time	Result	
10P							Glucose									
							Insulin									
							Comments									
11P								Time	Result	Time	Result	Time	Result	Time	Result	
12M							Glucose									
1A							Insulin									
2A							Comments									
3A								Time	Result	Time	Result	Time	Result	Time	Result	
4A							Glucose									
5A							Insulin									
6A							Comments									
Time	X-RAYS AND PROCEDURES							Time	Result	Time	Result	Time	Result	Time	Result	
							Glucose									
							Insulin									
							Comments									