UNIVERSITY MEDICAL CENTER

CCU FLOW SHEET

Dx

DATE | B.S.A.

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

VITAL SIGNS

HEMODYNAMICS

Hourly Times	Blood Pressure (Key: D - Doppler, A - A-Line, C - Cuff) 00	15	30	45	MAP	IABP	Apical Rate 00	15	30	45	Rhythm	Temperature	Respiratory Rate	SAO_2	Pain Scale (0-10)	PAS / PAD	PA Mean
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: _____

Date _____

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GLASGOW COMA SCALE

PUPIL REACTION
B - Brisk
S - Sluggish
F - Fixed

PUPIL SIZE
1mm Pin Point
2mm
4mm
6mm
8mm

EYES OPENING
4 - Spontaneously
3 - To Sound
2 - To Pain
1 - None
C - Closed

BEST VERBAL RESPONSE
5 - Oriented
4 - Confused Phrase
3 - Inappropriate Words
2 - Incomprehensible Sounds
1 - None
T - Trachea or ET

BEST MOTOR RESPONSE
6 - Obeys Commands
5 - Localizes Pain
4 - Withdraws
3 - Abnormal Flexion (Decorticate)
2 - Extension (Decerebrate)
1 - None

VASCULAR KEY:
P - Palpable
S - Doppler Signal
A - Absent

PULSE QUALITY
F - Full
D - Diminished

HEMODYNAMICS				PERIPHERAL VASCULAR						NEUROLOGIC DATA					
				Dorsalis Pedius		Posterior Tibial		Radial		Pupils		Coma Scale			
PCWP	CVP	C.O. / C.I.	SVR	R	L	R	L	R	L	Left Size / React.	Right Size / React.	Eyes Opening	Verbal Response	Motor Response	Ramsey Scale

Signature: _____ Shift: _____

Date _____

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REFER TO RIKER SCALE

RAMSEY SCALE FOR SEDATION

AWAKE LEVELS:

Level 1 Patient anxious and agitated or restless or both
Level 2 Patient cooperative, oriented and tranquil
Level 3 Patient responds to commands only

ASLEEP LEVELS:

Level 4 Patient asleep but responds briskly to light, glabellar tap or loud auditory stimulus
Level 5 Patient asleep with sluggish response to light, glabellar tap or loud auditory stimulus
Level 6 Patient asleep with no response to stimuli

PAIN ASSESSMENT

*** TO BE COMPLETED FOR ANY CHANGE IN PAIN OR NEW EPISODE OF PAIN**

LOCATION OF PAIN: Mark site with letter A or B if more than one site

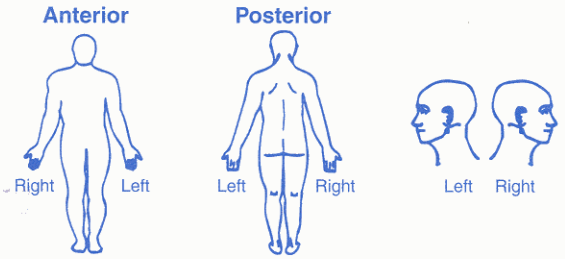
PAIN SITE:

Location of Pain _____

Appearance of Pain Site _____

Pain Intensity (score) _____

Qualities (ache, dull, burn, sharp, etc.) _____



ONSET/DURATION:

When did your pain begin? _____

How long is the pain episode? _____

Is it constant or does it come and go? _____

Does the pain radiate? If yes, where _____

What relieves the pain? _____

What causes or increases the pain? _____

What accompanies the pain? (dizziness, nausea, anxiety, etc.) _____

PAIN SCALE FOR NON COMMUNICATIVE PATIENT

1-2 sleeping, calm/relaxed, not agitated
3-4 grimacing with movement
5-6 moaning with movement
7-8 restless
9-10 constant moaning without stimuli

PAIN INTENSITY SCALE – 0 - 10

0	1-3	4-7	8-10
None	Mild	Moderate	Severe

TITRATED INFUSIONS

00 / 15	30 / 45	00 / 15	30 / 45	00 / 15	30 / 45	00 / 15	30 / 45	00 / 15	30 / 45

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Date _____

Patient Name _____ MR# _____

Weight

Yesterday _____

Today _____

I/O Balance

Yesterday _____

Today _____

Hourly Times	INTAKE													OUTPUT						
											Blood/BLD Prod	IV Meds and Cardiac Output	Total Intake	Urine	Tubes/Drains			B.M.	Total Output
7A																			
8A																			
9A																			
10A																			
11A																			
12N																			
1P																			
2P																			
8 Hour Totals																			
3P																			
4P																			
5P																			
6P																			
7P																			
8P																			
9P																			
10P																			
8 Hour Totals																			
11P																			
12M																			
1A																			
2A																			
3A																			
4A																			
5A																			
6A																			
8 Hour Totals																			
24 Hour Totals																			

Date _____

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RESPIRATORY DATA

Time	Mode	Rate	Tidal Volume	PEEP	Pressure Support	FiO_2		Time	ARTERIAL BLOOD GASES						MvO_2	
									pH	PCO_2	PO_2	O_2 Sat	HCO_3	Be or BD		

Time	MISCELLANEOUS Lab Data and Reports

LABORATORY DATA

Time	WBC	Hgb	Hct	Plat	PT	PTT	INR		CPK	MB	Trop		Total Chol	HDL	Trig	LDL

Time	BS	BUN	Crea	Na	K	Cl	CO_2	Ca	Mg	Phos	Lact					
Time																
BS																
Coverage																

Date _____

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		INITIAL SHIFT ASSESSMENT SHIFT:			
SAFETY	ACTIVITY				
	BED/ROOM SAFETY	❑ Patient ID bracelet on ❑ Isolation			
NEURO	LOC/ORIENTATION				
	PUPILS				
	MOTOR/POSTURING				
	GAG/SWALLOW/COUGH				
	EMOTIONAL				
RESPIRATORY	OXYGEN DELIVERY				
		❑ Pulse Oximeter On / Low Alarm Limit Set At ( )			
	CHARACTER OF RESP.				
	BREATH SOUNDS				
	SECRETIONS				
	CHEST TUBE	Site:		Suction:	
		Drainage:		Airleak:	
CARDIOVASCULAR	IV LINES - TYPE	SWAN-GANZ Date:		A-LINE Date:	
	LOCATION				
	REDNESS/SWELLING?				
	WAVEFORM				
	DRESSING				
	IVF/DRIPS				
	IV LINES - TYPE	TLC Date:	PIV Date:	PIV Date:	PIV Date:
	LOCATION				
	REDNESS/SWELLING?				
	DRESSING				
	IVF/DRIPS				
	PACEMAKER	Type:	MA:	Rate:	
	HEART SOUNDS				
	CARDIAC MONITOR	❑ Alarms On / Limits Set At (/)	❑ BP Alarms On / Limits Set At (/)		
	JVD/EDEMA				
GI	BOWEL SOUNDS				
	TUBES				
	CHARACTER OF ABD				
	BOWEL MOVEMENT				
	DIET				
GU	URINATION				
	COLOR/CLARITY				
SKIN	TEMP/TURGOR/COLOR				
	SKIN INTEGRITY				
	INTERVENTION				

Hendrich Fall Risk Model - Assessment Tool *Score ≥3 Requires Fall Prevention Identification*

Risk Factors	Points	Day	Eve.	Nights
Recent History of Falls	PT eval/screen	+7	+7	+7
Depression		+4	+4	+4
Altered Elimination		+3	+3	+3
Confusion/Disorientation		+3	+3	+3

Risk Factors (contd)	Points	Day	Eve.	Nights
Dizziness/Vertigo	PT eval/screen	+3	+3	+3
Poor Judgement		+3	+3	+3
Poor Mobility/Generalized Weakness		+2	+2	+2
TOTAL INITIAL RISK SCORE				

KEY	
0 - 2	Normal/Low Risk
3 - 6	Level 1/High Risk
More than 6 PT eval/screen	Level 2/Extremely High Risk

Date _____

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INITIAL SHIFT ASSESSMENT SHIFT:	INITIAL SHIFT ASSESSMENT SHIFT:
❑ Patient ID bracelet on ❑ Isolation	❑ Patient ID bracelet on ❑ Isolation
❑ Pulse Oximeter On / Low Alarm Limit Set At ( )	❑ Pulse Oximeter On / Low Alarm Limit Set At ( )
Site: Suction:	Site: Suction:
Drainage: Airleak:	Drainage: Airleak:

SWAN-GANZ Date:	A-LINE Date:	SWAN-GANZ Date:	A-LINE Date:

TLC Date:	PIV Date:	PIV Date:	PIV Date:	TLC Date:	PIV Date:	PIV Date:	PIV Date:

Type: MA: Rate:	Type: MA: Rate:
❑ Alarms On / Limits Set At (/) ❑ BP Alarms On / Limits Set At (/)	❑ Alarms On / Limits Set At (/) ❑ BP Alarms On / Limits Set At (/)

FULL SIGNATURE	INIT.	SHIFT	FULL SIGNATURE	INIT.	SHIFT

Date _____

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Daily Protocol Log

Protocols (check and initial all that apply):			
Shift:	D	E	N
❑ Cardiac Catherization Mgmt.			
❑ Confused Patient Management			
❑ End of Life			
❑ Falls / Injury Prevention			
❑ Generic Diabetes:			
❑ DKA			
❑ Hypoglycemia			
❑ Insulin Infusion			
❑ Insulin Pump (CSII)			
❑ Intravenous Admin. 50% Dextrose			
❑ Genitourinary Management:			
❑ Ileal Conduit Urostomy Mgmt.			
❑ GI Tube Management			
❑ Hygiene Comfort			
❑ Intravenous Therapy Mgmt.: Protocol (Peripheral)			
❑ Central Line Venous Access Device			
❑ Intravenous Therapy Mgmt. (Peripheral)			

Protocols (check and initial all that apply):			
Shift:	D	E	N
❑ Pain Management			
❑ Respiratory Management:			
❑ Chest Tube Management			
❑ Extubation			
❑ Oxygen Management			
❑ Tracheostomy Tube Mgmt.			
❑ Skin and Wound Mgmt.:			
❑ Pressure Ulcer Mgmt.			
❑ Pressure Ulcer Prevention			
❑ Skin Mgmt. for Incontinent Patients			
❑			
❑			
❑			
❑			
❑			
❑			
❑			

SIGNATURES							
SIGNATURE	STATUS	INITIALS	SHIFT	SIGNATURE	STATUS	INITIALS	SHIFT