UNIVERSITY MEDICAL CENTER
NEONATAL INTENSIVE CARE FLOW SHEET

PULSES
+4 = Bounding
+3 = Full
+2 = Normal
+1 = Weak
0 = Absent

RETRACTIONS
1 = Mild
2 = Moderate
3 = Severe
S = Sternal retraction
IC = Intercostal retraction
SC = Subcostal retraction
SS = Substernal retraction

POSITION
RL = Right Lateral, head midline
LL = Left lateral, head midline
S = Supine
LP = Prone head to left
RP = Prone head to right
* Add CPT positions

ENVIRONMENT
OC = Open crib
IA = Isolette air
ISC = Isolette skin control
RW = Radiant warmer

COLOR
M = Mottled
P = Pink
PL = Pale
D = Dusky
C = Cyanotic
AC=Acrocyanotic
J=Jaundice

Addressograph

Date:_____

Hourly Times	VITAL SIGNS								CARDIOVASCULAR											RESPIRATORY A						
	Temp.								Pressures			Titrated MED			Heart Sounds			Pulses		Respirations						
	Environment	Temp.	Servo Probe	Infant	Heart Rate	Respiratory Rate	Pain Score	Pain Interventiom	Site	Systolic / Diastolic	MAP				Murmur ⊕ / ⊖	Regular Rhythm	Capillary refill (seconds)	LA / LL	RA / RL	Color / Unlabored	Grunting / Flaring	Retractions / OSC	Breath Sounds	Equal / Unequal	Transillumination	Respt. Tx
12A																										
1A																										
2A																										
3A																										
4A																										
5A																										
6A																										
7A																										
8A																										
9A																										
10A																										
11A																										
12P																										
1P																										
2P																										
3P																										
4P																										
5P																										
6P																										
7P																										
8P																										
9P																										
10P																										
11P																										

Suction Site Code
ET = Endotracheal
NP = Nasopharyngeal
O = Oral

BLOOD GAS SOURCE
A = Arterial
C = Capillary
V = Venous

PRESSURE SITES
U = UAC
A = Art Line
LL = Left Leg
RL = Right Leg
LA = Left Arm
RA = Right Arm

BREATH SOUNDS
Cl = Clear
C = Coarse
Wh = Wheezing
St = Stridor
AC = ↑ Upper Airway Congestion
CR = Crackles

PAIN SCALE
❑ PIPP ❑ CRIES ❑ Other: _____

PAIN INTERVENTIONS
A = Sucrose
B = Rocking
C = Swaddling/Positioning
D = Noise/Light
E = Music Therapy
F = Medication
G = Cluster Intervention

Date: _____

VEN
Size
tape
last
*

Y ASSESSMENT

Respt. Tx	Hourly Times	Suction: Mucous	CPT / Vibration	Suction Site	Position
	12A				
	1A				
	2A				
	3A				
	4A				
	5A				
	6A				
	7A				
	8A				
	9A				
	10A				
	11A				
	12P				
	1P				
	2P				
	3P				
	4P				
	5P				
	6P				
	7P				
	8P				
	9P				
	10P				
	11P				

APNEA/BRADYCARDIA/DESATURATIONS

Hourly Times	Apnea (secs)	Brady Cardia (HR)	O_2 Saturation	Color △	Incident Duration	Intervention	PRECEEDING EVENT
12A							
1A							
2A							
3A							
4A							
5A							
6A							
7A							
8A							
9A							
10A							
11A							
12P							
1P							
2P							
3P							
4P							
5P							
6P							
7P							
8P							
9P							
10P							
11P							

VENTILATION

Hourly Times	Mode	Delivery Type	INO (ppm) / FIO_2	△ p / Volume Guarantee	PIP / PEEP	MAP	OI / IT	Hertz / RR	V- INSP
12A									
1A									
2A									
3A									
4A									
5A									
6A									
7A									
8A									
9A									
10A									
11A									
12P									
1P									
2P									
3P									
4P									
5P									
6P									
7P									
8P									
9P									
10P									
11P									

*Requires

ONS

Positioning

py

vention

VENT TYPE: _____

ETT

Size _____

taped at _____ cm. @ lip/nose

last reintubated _____

*

Apnea and Bradycardia

SL = Self Limiting
RTS = Responds to Stimulation
O_2 = Oxygen
PPV = Positive Pressure Ventilation

Date: _____

VENTILATION															BLOOD GAS RESULTS						VENT INTERVENTION				
PEEP	MAP	OI / IT	Hertz / RR	V_T INSP / V_T EXP	MV / TOTAL RR	Sensitivity / I : E RATIO	FLOW RATE	INITIAL	PULSE OXIMETRY		TCM				Time / Source	PH	PCO_2	PO_2	HCO_3 / BE	O_2 SAT	△ Mode	INO ppm / △ FIO_2	△ PIP	△ p / △ IMV	△ PEEP/CPAP
									Pre-SaO_2	Post-SaO_2	T_cCO_2	T_cO_2	Site △												

*Requires Further Description

VENTION

△ IMV / △ p	△ PEEP/CPAP

Alarm Limits Set HR _____ / _____
RR _____ / _____ Apnea delay _____ sec.
Mean BP _____ / _____ _____ N/A
Pulse Ox _____ / _____
O_2 Sat range ______________________

BIRTH WEIGHT	LAST WEIGHT	PRESENT WEIGHT	△ FROM PREVIOUS WEIGHT
HEAD CIRC.	PREVIOUS CIRC. CM'S / DATE	LENGTH	PREVIOUS LENGTH CM'S / DATE
AGE	DATE	GEST. AGE / PMA	LEVEL OF CARE

FREQUENT VITAL SIGNS (BLOOD & POST-OPERATIVE)

TIME											
HR											
RR											
BP											
T											
TIME											
HR											
RR											
BP											
T											

OTHER LABS

TIME	TEST	RESULTS

FONTANEL/RESERVOIR TAP

Amount / Drainage

PROCEDURES

CXR	
HUS	
EYE EXAM	
EKG	
EEG	
MRI	
CT SCAN	
ECHO	

SAFETY CHECK / NURSING CARE

	N	D	E
Ambu bag checked & appropriately sized mask at bedside			
Pulse ox probe site changed			
NG / OG changed			
Suction at bedside checked & functioning			
• Protocols in use:			
• Thermoregulation			
• O_2 Management			
• PIV Management			
• Feeding Management			
• Hypoglycemia			

	N	D	E
CR Monitor & Pulse Ox Alarms checked for Limits, on & audible			
PIC/Broviac Dsg changed** / Time			
NG / OG Tube Size / cm at lip / nose			
UAC cm @ stump			
UVC cm @ stump			
ETT @ cm @ lip			
Phototx # / Eye Shields			
Humidity %			
Eye Care			
K - Pad Temp.			
Isolation: Type______			

LABORATORY DATA

Time	Glu / Bun	Cr / Na	K / Cl	CO_2 / Ca	Bili T / D	Mg / PO_4	WBC	Hgb / HCT	PLTS / Lymphs	Mono / Segs	Bands / Retic

MEDICATION ______ TR ______ / PK ______

MEDICATION ______ TR ______ / PK ______

Patient Name: _____ MR# _____ Date: _____ Patient Name

BOWEL SOUNDS
P = Present
A = Absent
↑ = Hyperactive
↓ = Hypoactive

URINE/STOOL/SECRETION CODES

Color	Consistency
Y = Yellow	S = Soft
G = Green	F = Formed
W = White	L = Loose
Cl = Clear	H = Hard
Bld = Blood-tinged	Se = Seedy
CG = Coffee ground	Mu = Mucousy
CY = Clay	TK = Thick
FB = Frank Blood	T = Thin
BR = Brown	W = Watery
A = Amber	Mec = Meconium
Blk = Black	

FEEDING CODES

Route	Nipple Type	Quality of Feed
Br = Breast	N = Nuk	G = Good
C = Continuous	S = Single Hole	F = Fair
PO = Nipple	P = Premature	P = Poor
OG = Orogastric	C = Cross Cut	
NG = Nasogastric	B = Breast	**Residuals**
TPT = Transpyloric	H = Haberman	R = Returned
G = Gastrostomy	O = Other	D = Discarded

PARENTERAL CODES

IV CODES

Route	Sites
UAC = Umbilical Artery	A = Arm
UVC = Umbilical Vein	L = Leg
PAL = Peripheral Arterial	F = Foot
PIV = Peripheral IV	S = Scalp
B = Broviac	H = Hand
C = Cutdown	N = Normal
PCVC = Percutaneous Central Venous Catheter	P = Puffy
	I = Infiltration
HL = Heparin Lock	LE = Leaking

ABDOMINAL EXAM

Hourly Times	Round / Soft	Reddened / Distended	Tense / Tender	Ostomy	Dusky / Pink	Bowel Sounds
12A						
1A						
2A						
3A						
4A						
5A						
6A						
7A						
8HR TOTAL						
8A						
9A						
10A						
11A						
12P						
1P						
2P						
3P						
8HR TOTAL						
4P						
5P						
6P						
7P						
8P						
9P						
10P						
11P						
8HR TOTAL						
24HR TOTAL						

INTAKE

Hourly Times	Skin: Integrity	Skin: Mucous Membrane	Skin: Edema	Oral Care / Nasal Care	ENTERAL: Type	Route / Nipple Type	Time to Feed / Quality	Amount / Cum.	Residual / Amt.	Girth / Emesis	Tube Placement / Checked	Glucose/ Chem Strip	TPT ph
12A													
1A													
2A													
3A													
4A													
5A													
6A													
7A													
8HR TOTAL													
8A													
9A													
10A													
11A													
12P													
1P													
2P													
3P													
8HR TOTAL													
4P													
5P													
6P													
7P													
8P													
9P													
10P													
11P													
8HR TOTAL													
24HR TOTAL													

Hourly Times	GI/MEDS: Replacement	Irrigant	Med / Flush	(Fluid In) Amount
12A				
1A				
2A				
3A				
4A				
5A				
6A				
7A				
8HR TOTAL				
8A				
9A				
10A				
11A				
12P				
1P				
2P				
3P				
8HR TOTAL				
4P				
5P				
6P				
7P				
8P				
9P				
10P				
11P				
8HR TOTAL				
24HR TOTAL				

Patient Name: _____ MR# _____ Date: _____

RAL CODES

Sites
- A = Arm
- L = Leg
- F = Foot
- S = Scalp
- H = Hand
- N = Normal
- P = Puffy
- I = Infiltration
- LE = Leaking

tral

IV SOLUTIONS				IV SOLUTIONS			
Intravenous Solution	Site	Line #	Time Up	Intravenous Solution	Site	Line #	Time Up

Hourly Times	GI/MEDS			PARENTERAL																	Hourly Times	OUTPUT			
				#1			#2			#3			#4			#5								STOOL	
	Replacement	Irrigant	Med / Flush	(Fluid In) Amount	(Total) Cum.	Site ✓	(Fluid In) Amount	(Total) Cum.	Site ✓	(Fluid In) Amount	(Total) Cum.	Site ✓	(Fluid In) Amount	(Total) Cum.	Site ✓	(Fluid In) Amount	(Total) Cum.	Site ✓	Blood In / CUM			Blood Out / Cum.	Color / Consis	Amount	Guiac
12A																					12A				
1A																					1A				
2A																					2A				
3A																					3A				
4A																					4A				
5A																					5A				
6A																					6A				
7A																					7A				
8HR TOTAL																					8HR TOTAL				
8A																					8A				
9A																					9A				
10A																					10A				
11A																					11A				
12P																					12P				
1P																					1P				
2P																					2P				
3P																					3P				
8HR TOTAL																					8HR TOTAL				
4P																					4P				
5P																					5P				
6P																					6P				
7P																					7P				
8P																					8P				
9P																					9P				
10P																					10P				
11P																					11P				
8HR TOTAL																					8HR TOTAL				
24HR TOTAL																					24HR TOTAL				

Suction Key
- C = Continuous
- I = Intermittent
- S = Straight Drainage

Patient Name: _____ MR# _____ Date: _____

Up

Urine CC/Kg/hr
N = _____
D = _____
E = _____
24 Hour Complete
Intake _____
Output _____

CHEST TUBE KEY
Function
1 = Suction
2 = H_2O Seal
3 = Clamped
Drainage
S = Serous
B = Bloody
Activity
F = Fluctuating
B = Bubbling
Ø = No activity

SKIN INTEGRITY
+ = Warm & dry
B = Breakdown
D = Dry/Flaky
T = Transparent
R = Rash*

*if present see note

EDEMA
P = Present
A = Absent

PHOTOTHERAPY
X1 = One light
X2 = Two lights
BB = Bili blanket

PUPILS
7 6 5 4 3 2mm

MUCOUS MEMBRANE
P = Pink
M = Moist
D = Dusky

Tone Code
W = Weak
N = Normal
↑ = Hypertonic
↓ = Hypotonic
J = Jittery

OUTPUT					CHEST TUBES								
STOOL		URINE	OTHER		#1 SITE			#2 SITE			#3 SITE		
Amount	Guiac	Void cc	OG / Replogle	Suction	Function / Pres.	Amount / Cum.	Activity	Function / Pres.	Amount / Cum.	Activity	Function / Pressure	Amount / Cum.	Activity

NEUROLOGICAL ASSESSMENT

Time	Activity		LOC		Motor Response		Tone	Eye Opening		
	Quiet / Awake	Irritable / Sleeping	Lethargic / Alert	Paralyzed / Sedated	Spontaneously / MAE	Movement Absent / To Pain	Weak / Normal	To Pain / To Touch	Shut / Spontaneously	Swollen Closed / Fused

NEUROLOGICAL ASSESSMENT

Time	Pupil Reaction				Fontanel					Cry	
	Pupil Size / Right / Left	Sluggish / Brisk	Non-reactive	Seizures*	Tense / Soft	Sunken / Bulging	Flat / Sutures Approximated	Sutures Over-riding / Separated	Intubated / Weak	High Pitched / Normal

Patient Name: _____ MR# _____ Date: _____

ASSESSMENT		N	D	E
Admission Assessment:	5			
Shift Assessment	4			
PLANNING/EVALUATION				
Initiate Care Plan	2			
Update Care Plan	1			
Discharge	2			
NUTRITION ALTERATIONS				
Breast/Bottle Feed by Mom: c̄ Assist	3			
Independent	1			
Bottle Feeding # of Feed x 3				
Weight:	1			
Abdominal Girth:	1			
Head Circumference:	1			
ELIMINATION, ALTERATIONS				
Intake and Output:	1			
Diaper Change:	2			
Stool Testing:	1			
Urine Testing:	1			
KNOWLEDGE DEFICIT				
Formal Teaching 10"-15"	2			
15"-30"	3			
>30"	5			
COPING, EFFECTIVE				
Emotional Support ≥ 15"	3			
Rocking/Nurturing	2			
SKIN INTEGRITY, IMPAIRED				
Bath	1			
Cord Care/Clamp Removal	0			
Circumcision Care q4H	1			
q15"-q1H limited	1			
Circumcision MD _____	2			
Dressing Chg: Central Line	4			
GT Care	2			
Other	2			
ROM/Positioning:	2			
TISSUE PERFUSION, ALTERATIONS				
Vital Signs: q4-8H	1			
q1-3H	2			
q15"-q1H limited	3			
Arterial BP # x 1				
Calibration				
Pulse Oximeter	1			
Cardiac/Apnea Monitor	1			
Vascular Checks: q1-2H	2			
q15"-q1H limited	2			
GAS EXCHANGE, IMPAIRED				
ABG # of Gases x 1				
Draw				
CBG c̄ Assist	1			
Intubation	3			
Extubation	4			
FIO_2 Adjust Q30m ↑ or ↓	1			
#1 SUB-TOTAL →				

GAS EXCHANGE, IMPAIRED		N	D	E
O_2 Set Up	2			
Suction: ETT/CPAP/Trach: q2H	2			
q1H	4			
Oral/Bulb/NP Suction #of Times x	1			
Ventilator Checks	0			
ETT/Nasal Prong/ NC Maint: q1H	2			
Chest Tube: Maintenance	2			
Insertion	5			
Removal	2			
Transillumination # x 1				
of Chest				
Chest PT/Postural Drain q4-8H	1			
q1-2H	2			
Code 68	10			
SAFETY, ALTERATIONS				
Disease Spec. Isol: Gown/Gloves	2			
Restraints	0			
Transport and stay c̄ PT: <20"	2			
20"-40"	5			
>40"	7			
TREATMENTS				
Chemstrips # x 1				
BG				
Non-Feed OGT/ # x 1				
NGT Placement				
#2 SUB-TOTAL →				

TREATMENTS		N	D	E
Gastric Lavage	2			
Specimen Collection ≤3	1			
>3	2			
IV Insertion ≤30"	3			
>20"	5			
Car Seat Challenge	9			
Phototherapy: Maintenance	1			
Set up	1			
Breakdown	3			
Special Procedures:				
< 10 min	1			
10 - 15 min	2			
> 15 min	3			
MEDICATIONS				
Routine Med: 1-3 Meds	1			
>3 Meds	2			
Topical Meds	1			
Eye Meds for Exam	2			
IVs: Peripheral	1			
Central	1			
TPN	1			
Intralipids	1			
IV Meds # of Doses x 1				
IM Meds # of Doses x 1				
CONT. IV MED # of Lines x 2				
BLOOD/ # of Trans. x 2				
BLOOD PRODUCTS				
#3 SUB-TOTAL →				
#2 SUB-TOTAL →				
#1 SUB-TOTAL →				
TOTAL				

Sibling Visit - Follow-up Only	Temp.
Names: _____	_____
_____	_____

____ In past 48 hrs has had no coughing, fever, sore throat, earache, nausea, vomiting, diarrhea, skin lesions, rashes, or cold sores

✓ = parents verify

Parents Signature _____

Temperature < 100°F _____

RN Signature _____

Family Interaction	N	D	E
Called			
Visited			
Touched			
Held / KC Care			
Bathed			
Diapered / Temp taken			
Bottle Fed			
Breast Fed			

M = Mother F = Father G = Grandparent

ID Band Check	I	M	F	SO
N				
D				
E				

I = Infant M = Mother F = Father

FULL SIGNATURE	INIT	SHIFT TIME

FULL SIGNATURE	INIT	SHIFT TIME