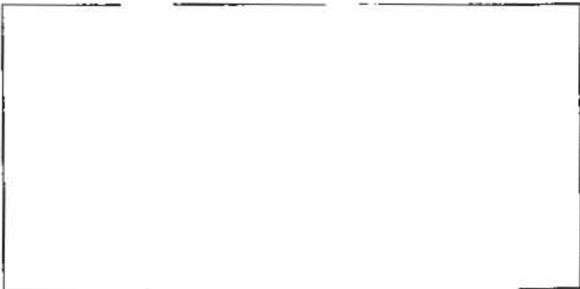
HOSPITAL



ACUTE CARE FLOWSHEET

GRAPHIC PATIENT DAILY CARE RECORD

Date ____________________

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																								
Blood Pressure S																								
Blood Pressure D																								
Pulse																								
Respirations																								
SpO2																								
FIO2																								
O2 Mode																								
GLUCOSE Result																								
GLUCOSE Intervention																								
Initials																								
PAIN Scale 0 - 10																								
PAIN Region																								
PAIN Intervention																								
PAIN Response 0-10 Within one hour of intervention																								
Alarm On - Type																								
Initials																								

RESPIRATORY						
Time						
Treatment						
PEF Pre/post						
Breath Sounds						
Sputum						
Color						
Cough						
DC Teaching						
Ventilator						
Tidal Volume						
FIO2						
Mode/Rate						
PEEP/PSV						
Initials						

CODES

TREATMENT
- NEB - Aerosol Nebulizer
- IS - Incentive Spirometry
- M - Metered Dose Inhaler
- CPT - Chest Physical Therapy
- C - CPAP Therapy
- BP - BiPap Therapy

BREATH SOUNDS
- W - Wheeze
- A - Absent
- D - Diminished
- CK - Crackles
- C - Clear
- R - Rhonchi

LOCATION
- RUL
- LUL
- RML
- RLL
- LLL
- B-BILATERAL

SPUTUM
- LG - Large
- M - Moderate
- S - Small
- SC - Scant
- W - White
- N - Non Productive
- CDY - Cloudy
- CLR - Clear
- Y - Yellow
- G - Green
- B - Blood Tinged

ALARM TYPE
- T - Telemetry
- V - Ventilator
- P - Pulse OX

O2 MODE
- NC - Nasal Cannula
- VM - Venti Mask
- PRB - Partial Rebreather
- NRB - Non Rebreather
- TC - Trach Collar

PAIN LOCATION
1. Surgical Site
2. Substernal
3. Epigastric
4. Head
5. Oral
6. Neck
7. Back; thoracic lumbar
8. Quadrant RU LU RL LL
9. Extremity: RA LA RL LL
10. Other*

INTERVENTION
1. Pain Consult Obtained
2. Pharmacological (see MAR)
3. Non-Pharmacological
   - a. Positioned
   - b. Relaxation
   - c. Splinting
   - d. Imagery
   - e. Music
   - f. Education

GLUCOSE INTERVENTION
1. Pharmacological (see MAR)
2. Hypoglycemia protocol

TYPE / QUALITY		
QUALITY	St - Stabbing	A - Aching
	B - Burning	T - Throbbing
	Sh - Shooting	D - Dull
TYPE	B- Bone	J - Joint
	M - Muscle	V - Visceral
	O - Other	

FALL RISK

FALL RISK ASSESSMENT (Circle risk factor)	7A	7P		7A	7P
Previous Fall	5	5	Nocturia or urgency/Diarrhea	2	2
Impaired Gait or Strength*	3	3	Arrhythmia	2	2
Confused/Impaired Judgement*	3	3	Postural hypotension	2	2
Sedative/Hypnotic or dizzy* (Consider medication side effects)	3	3	Decreased vision or hearing	1	1

Total - 0-2: no risk: 3 4 mod risk: 5 or >: high risk/ High Risk Interventions are: Initiate Fall Problem List / Implement Fall Precautions / Provide w/ Fall Safety Brochure
*Consider entrapment risk

	7A	7P
Fall Risk Total		

COMPREHENSIVE ASSESSMENT

		Time ______	Time ______	Time ______	Time ______
No admission diagnosis of pain, No pain at rest/during movement, Pain score 0 or ☺		☐ WNL	☐ WNL	☐ WNL	☐ WNL
	Precipitating cause				
	Quality (code)				
0 2 4 6 8 10	Region (code)				
	Severity Rest #				
	Movement #				
Pain scale 0-1-2-3-4-5-6-7-8-9-10 (0 – no pain 10 = worst pain imaginable)	Type (code)				
	Timing: Onset				
	Duration				
	FLACC Score				
Oriented x 4, Face symmetrical, Eyes open spontaneously, Pupils equal, Follows commands and communicates needs, Gross sensation and motor strength intact.		☐ WNL	☐ WNL	☐ WNL	☐ WNL
Fall Risk Re-Assessment		Record	Record Above 7A	Record Above 7P	Record
Apical pulse regular (60-100), Peripheral pulses strong, equal, no edema, Extremities warm & pink, Brisk capillary refill		☐ WNL	☐ WNL	☐ WNL	☐ WNL
Respirations regular, unlabored & symmetrical absence of cough (resting rate 10-20/min) Breath sounds clear bilaterally No SOB or 0 on 0 - 10 scale		☐ WNL	☐ WNL	☐ WNL	☐ WNL
Voids clear urine without problem Continent of urine No genital edema or discharge		☐ WNL ☐ Urinary Catheter	☐ WNL ☐ Urinary Catheter	☐ WNL ☐ Urinary Catheter	☐ WNL ☐ Urinary Catheter
No loose teeth/dentures, nausea, vomiting, diarrhea, constipation or visible rectal bleeding Oral mucosa moist, intact, Continent of stool, No change in bowel pattern, Abdomen soft; no distention or tenderness, Bowel sounds present		☐ WNL ☐ NG ☐ G Tube	☐ WNL ☐ NG ☐ G Tube	☐ WNL ☐ NG ☐ G Tube	☐ WNL ☐ NG ☐ G Tube
Skin warm, dry and intact No bruising, petechiae or discolored areas No rash, irritation, or breakdown If Braden Score is less than 16 initiate skin prevention orders		☐ WNL ☐ See skin sheet	☐ WNL ☐ See skin sheet Braden Score ____	☐ WNL ☐ See skin sheet	☐ WNL ☐ See skin sheet
No physical limitations Functional range of motion No muscle weakness No joint swelling or tenderness		☐ WNL	☐ WNL	☐ WNL	☐ WNL
Compliant with care, Adequate social support, No cultural, spiritual, religious or emotional issues that will impact on care.		☐ WNL	☐ WNL	☐ WNL	☐ WNL
	INITIALS				

	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Type																								
Notification																								
Behavior																								
Alternatives																								
Outcomes																								
Basic Care																								
INITIALS																								

TYPE: RW - Right wrist; LW - Left wrist; BL - Both Legs; BW - Both wrists; B - Belt; RL - Right leg; LL - Left leg; V - Vest; MT - Mitts; O - Other ______

ALTERNATIVES: R - Reality orientation; O - Close observation; M - Medication; T - Trial release; E - Elbow immobilizer

BEHAVIOR: A - Agitated; CF- Confused; C - Combative; Q - Quiet; R - Restless

OUTCOMES: E - Effective; I - Ineffective

NOTIFICATION: P - Patient; F - Family; N - No one present

BASIC CARE: Check mark signifies Release with ROM, Toileting, Hygiene, Nutrition, Positioning, Circulation, Skin Check

SENSORY		MOISTURE		ACTIVITY		MOBILITY		NUTRITION		FRICTION/SHEAR	
Completely limited	1	Constantly moist	1	Bedfast	1	Completely immobile	1	Very poor	1	Problem	1
Very limited	2	Very moist	2	Chairfast	2	Very limited	2	Probably inadequate	2	Potential problem	2
Slightly limited	3	Occasionally moist	3	Walks occasionally	3	Slightly limited	3	Adequate	3	No problem	3
No impairment	4	Rarely moist	4	Walks frequently	4	No limitation	4	Excellent	4		

Record score above-19-23 = no risk, 15-18 – low risk, 13-14+ – moderate risk, 10-12 = high risk, 9 or < = very high risk

☐ Bed in prevention mode
☐ Specialty bed ____________
☐ Isolation ____________

Safety precautions:
☐ Aspirations ☐ Fall ☐ Seizure
☐ Neutropenia ☐ Bleeding
☐ Radiation ☐ Chemotherapy

HOSPITAL

ACUTE CARE FLOWSHEET

Section	24-07	Initial	07-15	Initial	15-24	Initial
TESTS	Labs reviewed and ☐ WNL ☐ Reported (See Interdisciplinary Note)		Labs reviewed and ☐ WNL ☐ Reported (See Interdisciplinary Note)		Labs reviewed and ☐ WNL ☐ Reported (See Interdisciplinary Note)	
	Diagnostic tests		Diagnostic tests		Diagnostic tests	
PATIENT ACTIVITY	Bedrest with position change every two hours		Bedrest with position change every two hours		Bedrest with position change every two hours	
	Range of Motion		Range of Motion		Range of Motion	
	Position Change ☐ Independent ☐ Assist		Position Change ☐ Independent ☐ Assist		Position Change ☐ Independent ☐ Assist	
	Bedrest with BRP		Bedrest with BRP		Bedrest with BRP	
	OOB ☐ Ad lib ☐ Chair		OOB ☐ Ad lib ☐ Chair		OOB ☐ Ad lib ☐ Chair	
	Ambulates ☐ Independent ☐ Assist		Ambulates ☐ Independent ☐ Assist		Ambulates ☐ Independent ☐ Assist	
	Care Level ☐ Self ☐ Assist ☐ Complete		Care Level ☐ Self ☐ Assist ☐ Complete		Care Level ☐ Self ☐ Assist ☐ Complete	
	Bath ☐ Complete ☐ Partial		Bath ☐ Complete ☐ Partial		Bath ☐ Complete ☐ Partial	
	Oral Care		Oral Care		Oral Care	
SAFETY PRECAUTIONS	Reinforced call light use		Reinforced call light use		Reinforced call light use	
	Safety precautions reinforced and maintained		Safety precautions reinforced and maintained		Safety precautions reinforced and maintained	
	☐ Supervised OOB ☐ Q2H Toilet		☐ Supervised OOB ☐ Q2H Toilet		☐ Supervised OOB ☐ Q2H Toilet	
	☐ Siderail pads ☐ Overhead Trapeze		☐ Siderail pads ☐ Overhead Trapeze		☐ Siderail pads ☐ Overhead Trapeze	
	ID Band Present and Verified		ID Band Present and Verified		ID Band Present and Verified	
NUTRITION	NPO		NPO		NPO	
	Diet: ____________		Diet: ____________		Diet: ____________	
	Intake ________ % of Offered Diet		Intake ________ % of Offered Diet		Intake ________ % of Offered Diet	
			Intake ________ % of Offered Diet			
	Tube placement verified		Tube placement verified		Tube placement verified	
	☐ Protein Supplement per order		☐ Protein Supplement per order		☐ Protein Supplement per order	
INTERVENTION TREATMENT	☐ TEDS ☐ SCDS ☐ Removed for skin inspection		☐ TEDS ☐ SCDS ☐ Removed for skin inspection		☐ TEDS ☐ SCDS ☐ Removed for skin inspection	
	☐ CPM during bedrest		☐ CPM during bedrest		☐ CPM during bedrest	
	Chest tube ☐ Right ☐ Left		Chest tube ☐ Right ☐ Left		Chest tube ☐ Right ☐ Left	
	☐ Suction ________ cm ☐ Waterseal		☐ Suction ________ cm ☐ Waterseal		☐ Suction ________ cm ☐ Waterseal	
	Trach # ________. Care provided every 8 hours and prn.		Trach # ________. Care provided every 8 hours and prn.		Trach # ________. Care provided every 8 hours and prn.	
	☐ Dressing(s) intact		☐ Dressing(s) intact		☐ Dressing(s) intact	
	☐ Dressing(s) changed (see skin flowsheet)		☐ Dressing(s) changed (see skin flowsheet)		☐ Dressing(s) changed (see skin flowsheet)	
	Incision line care		Incision line care		Incision line care	
	☐ Ostomy care ☐ Pin care		☐ Ostomy care ☐ Pin care		☐ Ostomy care ☐ Pin care	
	☐ Urinary catheter care ☐ Drain care		☐ Urinary catheter care ☐ Drain care		☐ Urinary catheter care ☐ Drain care	
	☐ Cooling blanket ☐ Tube care		☐ Cooling blanket ☐ Tube care		☐ Cooling blanket ☐ Tube care	
	☐ Incentive Spirometer		☐ Incentive Spirometer		☐ Incentive Spirometer	
PSYCHOSOCIAL/TEACHING/D/C PLANNING	Plan of care reviewed and updated with ☐ Patient ☐ Family		Plan of care reviewed and updated with ☐ Patient ☐ Family		Plan of care reviewed and updated with ☐ Patient ☐ Family	
	☐ Patient ☐ Family verbalized understanding of ☐ Pain management ☐ Medications		☐ Patient ☐ Family verbalized understanding of ☐ Pain management ☐ Medications		☐ Patient ☐ Family verbalized understanding of ☐ Pain management ☐ Medications	
	Visitors ____________		Visitors ____________		Visitors ____________	

Initials indicate interventions have been adhered to or changed as necessary, asterick denotes additional documentation in interdisciplinary Notes.

Initials	Signature	Discipline	Clock/PAS#	Initials	Signature	Discipline	Clock/PAS#
						[illegible]	8646

ITAKE AND OUTPUT

	PREVIOUS 24 HOURS		
Total 24 Hour In		Temp. Max Yesterday	
Total 24 Hour Out		LBM	
I&O Variance		Weight Today (kg)	

	INTAKE IV					TUBE FEEDING/WATER FLUSHES					ORAL	OUTPUT				
	Time	Start Amount	IV Solution BLD products	Rate ml/hour	Amount Infused	Start Amount	Type	Rate	Amount Infused	Resid.	Amount	Urine	Stool	Emesis	Drains	Drains
24-07																
Total																
07-15																
Total																
15-24																
Total																
Total 24 hr																

VASCULAR ACCESS	TIME	Device-PIV, S.L., Midline, PICC, CVC, Hickman, Port, Other/Size	Location	Initial Insertion Date	Site Patent, WNL Asymptomatic 24	7	15	Date Device or dressing to be changed	IV tube chgd@ 72° and label	Reason for removal or restart (routine change pulled out, occluded, *infiltrate, *phlebitis, *infection) *Progress note documentation needed for site assessment and removal	Initial

CHEMO VERIFY																				
Time																				
Blood Return																				
Tubing/Pump Check																				