UNIVERSITY MEDICAL CENTER

CARDIAC SURGERY FLOW SHEET

APPIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

OPERATION:

DATE: | P.O.D. #

PRE-OP WEIGHT: | B.S.A.

VITAL SIGNS													HEMODYNAMICS					
SaO_2	Hourly Times	Blood Pressure				Apical Rate				Rhythm	Respirations	Temp. °C	Pain Scale 0-10	Sedation Scale	PAS / PAD	PCWP	CVP	C.O. / C.I.
		00	15	30	45	00	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: _____

Date _____

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

GLASGOW COMA SCALE

PUPIL REACTION	PUPIL SIZE	EYES OPENING	BEST VERBAL RESPONSE	BEST MOTOR RESPONSE
B - Brisk	1mm Pin Point	4 - Spontaneously	5 - Oriented	6 - Obeys Commands
S - Sluggish	2mm	3 - To Sound	4 - Confused Phrase	5 - Localizes Pain
F - Fixed	4mm	2 - To Pain	3 - Inappropriate Words	4 - Withdraws
	6mm	1 - None	2 - Incomprehensible Sounds	3 - Abnormal Flexion (Decorticate)
	8mm	C - Closed	1 - None	2 - Extension (Decerebrate)
			T - Trachea or ET	1 - None

PAIN RATING SCALE

HEMODYNAMICS				CARDIAC INFUSIONS										SIGNIFICANT EVENTS	NEUROLOGIC DATA					
															Pupils		Coma Scale			
															Left	Right				
															Size / React.	Size / React.				
MAP	SVR	$ETCO_2$	SvO_2	00/15	30/45	00/15	30/45	00/15	30/45	00/15	30/45	00/15	30/45				Eyes Opening	Verbal Response	Motor Response R/L	Fall Risk

Signature: _____ Shift: _____

Date _____

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

PULSE QUALITY
F - Full
D - Diminished

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ **MR#** _____

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	+7
Depression	+4	+4	+4	+4
Altered Elimination	+3	+3	+3	+3
Confusion/Disorientation	+3	+3	+3	+3

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

PERIPHERAL VASCULAR									INTAKE											
Dorsalis Pedis		Posterior Tibial		Ulnar/	Brachial	Radial		Hourly Times											IV Meds and Cardiac Output	Total Intake
R	L	R	L	R	L	R	L													
								7A												
								8A												
								9A												
								10A												
								11A												
								12N												
								1P												
								2P												
								3P												
								4P												
								5P												
								6P												
12 Hour Totals																				12 Hour Totals
								7P												
								8P												
								9P												
								10P												
								11P												
								12M												
								1A												
								2A												
								3A												
								4A												
								5A												
								6A												
12 Hour Totals																				12 Hour Totals
24 Hour Totals																				24 Hour Totals

Date _____

SEDATION SCALE	
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
Level 5	Patient asleep with sluggish response to light, glabellar tap or loud auditory stimulus
Level 6	Patient asleep with no response to stimuli
❑	Other

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ **MR#** _____

I/O Balance	CUM	I/O Balance	CUM
Operative Day _____	_____	POD #2 _____	_____
POD #1 _____	_____	POD #3 _____	_____

OUTPUT

Hourly Times	Total		Chest Tubes					
	Output	Urine	P&M	PL	Autotransfusion	Autotransfusion	NGT	OTHER
7A								
8A								
9A								
10A								
11A								
12N								
1P								
2P								
3P								
4P								
5P								
6P								
12 Hr. Totals								
7P								
8P								
9P								
10P								
11P								
12M								
1A								
2A								
3A								
4A								
5A								
6A								
12 Hr. Totals								
24 Hr. Totals								

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

Date _____

RESPIRATORY DATA

Time	Mode	Rate	Tidal Volume	PEEP	Pressure Support	FiO_2		Time	ARTERIAL BLOOD GASES						SVO_2	IS
									pH	PCO_2	PO_2	O_2 Sat	HCO_3	Be or BD		
CXR																
Results:																

Cardiac enzymes 15° _____ ☐
24° _____ ☐

LABORATORY DATA

Time	WBC	Hgb	Hct	Plat.	PT	PTT	BS	Accu-Check	BUN	Creat.	Na	K	Cl	CO_2	Mg.	

BLOOD SUGAR DATA

Time																
BS																
Dose																
Time																
BS																
Dose																

AFFIX PATIENT INFO LABEL HERE

Date _____

Patient Name _____ MR# _____

	INITIAL SHIFT ASSESSMENT	SHIFT:
SAFETY	❑ Patient ID bracelet on ❑ Isolation	
NEUROLOGICAL	LOC/ORIENTATION	
	PUPILS	
	MOTOR / POSTURING	
	GAG/SWALLOW/COUGH	
	EMOTIONAL	

PAIN ASSESSMENT

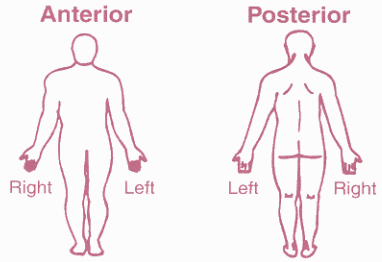
LOCATION OF PAIN: Mark site with letter A or B if more than one site.

PAIN SITE:

Location of Pain _____

Pain Intensity _____ _____

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



RESPIRATORY	OXYGEN DELIVERY		
		❑ Pulse Oximeter On / Low Alarm Limit Set At ( )	
	CHARACTER OF RESP.		
	BREATH SOUNDS		
	CHEST TUBES	Pleural:	Mediastinal:
		Airleak:	Drainage:
		Suction:	Autotransfusion:
	SECRETIONS		
CARDIOVASCULAR	IV LINES	SG:	AL:
	SITE AND WAVEFORM	SC:	H.L.:
	PACEMAKER	Wires: Epicardial or TVP Type:	Rate:
		AV Interval: MA:	Threshold:
		Sensing: Capturing:	Firing:
	CARDIAC MONITOR	❑ Alarms On / Limits Set At (/)	
	BLOOD PRESSURE	❑ Alarms On / Limits Set At (/)	
	EKG		
	HEART SOUNDS		
GI	BOWEL SOUNDS		
	TUBES		
	CHARACTER OF ABD.		
	BM Y / N		
GU	URINATION		
	COLOR/CLARITY		
	AMOUNT		
SKIN	TEMP/TURGOR		
	COLOR/EDEMA		
	CHEST INCISION		
	LEG INCISION		

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

APPLY PATIENT INFO LABEL HERE

Date _____

Patient Name _____ MR# _____

INITIAL SHIFT ASSESSMENT SHIFT:	INITIAL SHIFT ASSESSMENT SHIFT:
❑ Patient ID bracelet on ❑ Isolation	❑ Patient ID bracelet on ❑ Isolation
Location of Pain	Location of Pain
Pain Intensity	Pain Intensity
Qualities	Qualities
❑ Pulse Oximeter On / Low Alarm Limit Set At ( )	❑ Pulse Oximeter On / Low Alarm Limit Set At ( )
Pleural: Mediastinal:	Pleural: Mediastinal:
Airleak: Drainage:	Airleak: Drainage:
Suction: Autotransfusion:	Suction: Autotransfusion:
SG: AL:	SG: AL:
SC: H.L.:	SC: H.L.:
Wires: Epicardial or TVP Type: Rate:	Wires: Epicardial or TVP Type: Rate:
AV Interval: MA: Threshold:	AV Interval: MA: Threshold:
Sensing: Capturing: Firing:	Sensing: Capturing: Firing:
❑ Alarms On / Limits Set At (/)	❑ Alarms On / Limits Set At (/)
❑ Alarms On / Limits Set At (/)	❑ Alarms On / Limits Set At (/)

Signature: _____ Shift: _____

Date _____

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Patient Name _____ **MR#** _____

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