CHILD HEALTH BC

Date: ______________

Time	Initials

24 Hour Flowsheet
4 – 11 MONTHS

Patient identification

Check boxes ☑ to indicate assessment findings.
Check box NN to see Nurses' Notes.

PRECAUTIONS ______________

RESPIRATORY

AIRWAY
☐ Clear ☐ Maintains own
☐ Unable to maintain

WORK OF BREATHING
☐ Respirations even/unlabored
☐ Stridor ☐ Grunting
☐ Referred upper airway sounds
☐ Nasal flaring ☐ Tracheal tug
☐ Head bobbing ☐ Tripod
☐ Abdominal breathing

Indrawing
☐ Intercostal ☐ Subcostal
☐ Substernal ☐ Suprasternal

RESPIRATORY DISTRESS
☐ None ☐ Mild
☐ Moderate ☐ Severe

CHEST MOVEMENT
☐ Symmetrical
☐ Asymmetrical

AIR ENTRY
☐ Equal to bases

Decreased to
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL
☐ Throughout

ADVENTITIOUS SOUNDS
☐ Clear to bases

Crackles ☐ Fine ☐ Coarse
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Throughout

Wheezes ☐ Inspiratory ☐ Expiratory
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Throughout

COUGH
☐ None ☐ Nasal congestion
☐ Non-Productive ☐ Productive
☐ NN

CHEST DRAINAGE DEVICE

Chest tube ☐ N/A
☐ Pigtail ☐ Blake drain
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Mediastinal
☐ Suction ______ cm H_2O
☐ Underwater seal ☐ Bulb

Drainage
☐ Sanguinous ☐ Serous
☐ Serosanguinous
☐ Chylous ☐ Purulent

Air leak ☐ Yes ☐ No
☐ NN

CARDIOVASCULAR

CENTRAL COLOUR
☐ Baseline for patient
☐ Pink ☐ Pale
☐ Flushed ☐ Grey
☐ Cyanotic ☐ Mottled

PERIPHERAL COLOUR
☐ Baseline for patient
☐ Pink ☐ Pale
☐ Flushed ☐ Grey
☐ Cyanotic ☐ Mottled

CAP REFILL TIME
Central ______ seconds
Peripheral ____ seconds

PERIPHERAL TEMPERATURE
☐ **Warm to extremities**
☐ Upper ☐ Lower
☐ **Cool to extremities**
☐ Upper ☐ Lower

HYDRATION
Mucous membranes
☐ Moist ☐ Dry
Skin turgor ☐ Elastic ☐ Poor
Skin ☐ Dry ☐ Diaphoretic
Fontanelles ☐ N/A
☐ Closed ☐ Soft/flat
☐ Depressed ☐ Full ☐ Bulging

EDEMA
Central edema ☐ Yes ☐ No
Peripheral edema ☐ Yes ☐ No

APICAL PULSE ☐ Regular ☐ Irregular
☐ Murmur ☐ ____________

PULSES *When assessed, indicate normal with ✓ or NN for variances*		Left	Right
Central	Carotid		
	Axillary		
	Brachial		
	Femoral		
Peripheral	Radial		
	Dorsalis		
	Posterior tibial		

☐ See neurovascular assessment ☐ NN

NEUROLOGICAL

RESPONSE
☐ Alert
☐ Verbal
☐ Painful
☐ Unresponsive

TONE
☐ Normal
☐ Hypertonic
☐ Hypotonic
☐ NN

INTEGUMENT

☐ Clear
☐ Location ____________
☐ Bruising ☐ Jaundiced
☐ Petechiae ☐ Rash

MUCOUS MEMBRANES
☐ Pink ☐ Intact
☐ Drooling ☐ Lesions
☐ Stomatitis/mucositis grade ____

UMBILICUS ☐ N/A
☐ Clean ☐ Dry

PHOTOTHERAPY ☐ N/A
Type __________ **Irradiance** __________

DRESSINGS ☐ N/A
Site ____________________
☐ Dry and intact
☐ Vacuum-assisted closure (VAC) at ___mm Hg

DRAIN ☐ N/A
☐ Location ____________
☐ Type ____________

Drainage
☐ None ☐ Fresh
☐ Sanguinous ☐ Serous
☐ Serosanguinous ☐ Purulent
☐ NN

BRADEN QD	
Mobility	
Sensory Perception	
Friction & Shear	
Nutrition	
Tissue Perfusion & Oxygenation	
Number of Medical Devices	
Repositionability/Skin protection	
Total Score:	

GASTROINTESTINAL

ABDOMEN
☐ Flat ☐ Rounded
☐ Distended ☐ Shiny
☐ Surgical site ________
☐ Ostomy site ________
☐ Ostomy assessment
☐ Nausea ☐ Vomiting

Bowel sounds
☐ Present ☐ Absent
☐ Hyperactive
☐ Hypoactive

Location
☐ RUQ ☐ LUQ
☐ RLQ ☐ LLQ

Palpation ☐ Soft ☐ Firm
☐ Guarding

Tenderness __________
Pain ____________

BOWELS
☐ Last BM ________
☐ See stool chart
☐ Flatus ☐ NN

GENITOURINARY

URINARY ELIMINATION
☐ Self-voiding
☐ Diaper size ______
☐ Catheter size _____
☐ Intermittent
☐ Continuous

URINE
☐ Clear ☐ Cloudy
☐ Dilute ☐ Concentrated
☐ Burning ☐ Urgency
☐ Increased frequency
☐ **Hematuria**
☐ Slight
☐ Moderate
☐ Marked

REPRODUCTIVE
☐ N/A
☐ Menses at present
☐ LMP _____
☐ NN

NUTRITION

☐ NPO ☐ Oral ad lib ☐ Meal plan ________
☐ Breast/chest feeding ☐ Bottle ☐ Nipple Type ___
☐ Diabetes record

TUBE FEEDING ☐ N/A
☐ Continuous ☐ Bolus ☐ Intermittent q _____h

GASTRIC TUBE ☐ N/A
☐ Location ________ ☐ Length ________
☐ Type ________ ☐ Verified pH ________
☐ Straight drainage ☐ Clamped ☐ Open
Suction ☐ Continuous ☐ Intermittent
☐ Level ______ mmHg ☐ NN

MUSCULOSKELETAL

GAIT ☐ N/A
☐ Independent
☐ Steady ☐ Unsteady
☐ Bedrest ☐ ________

DEVICES ☐ N/A
☐ Wheelchair ☐ Cast
☐ Crutches ☐ Splint
☐ Traction ☐ Brace
☐ ________ ☐ NN

QUALITY CHECKS

☐ Alarms on/reviewed
☐ ID band ☐ Allergy band
☐ Bedside safety check
☐ Plan of care updated
☐ Falls risk assessment ___
☐ Family education
☐ Discharge planning
☐ ____________ ☐ NN

MENTAL HEALTH

☐ N/A
☐ Review Mental Health Act Forms
☐ Rate your mood __________

RISKS
☐ Altered self-care ☐ Aggression
☐ Elopement Risk
☐ Hallucinations __________
☐ Substance intoxication/withdrawal
☐ Suicidal ideation, no plan
☐ Suicidal ideation, with plan
☐ Self harm
☐ Homicidal ideation

MENTAL HEALTH PLAN
☐ Screening tools completed based on identified risks
☐ Safety/risk mitigation plan initiated
☐ Observation level __________
☐ ______________ ☐ NN

CHILD HEALTH BC

Date: ______________

24 Hour Flowsheet
4 – 11 MONTHS

Patient identification

Time	Problem/Focus	Nurses Notes

Print Name	Signatures	Initials	Print Name	Signatures	Initials

CHILD HEALTH BC

Date: ______________

24 Hour Flowsheet
4 – 11 MONTHS

Patient identification

PEWS Scoring Legend: 0 | 1 | 2 | 3

Section	Parameter	Value	Scale
	Initials:		
	Time:		
Respiratory	Respiratory Rate (1 minute) Resp: ●	80	80
		70	70
		60	60
		50	50
		40	40
		30	30
		20	20
	O_2 Saturation (%)		
	Supplemental O_2 Concentration Delivered	<3L or 30%	
		≥3L or 30%	
		≥6L or 40%	
		≥8L or 50%	
	Mode of Delivery		
	Respiratory Distress	None	
		Mild	
		Moderate	
		Severe	
	PEWS Score for Respiratory (record most severe score, max 3)		
Cardiovascular	Heart Rate (1 minute) & Blood Pressure; Systolic: ∨ Diastolic: ∧; (Do not score blood pressure); Normal Parameters: Systolic (mmHg): 82 – 105; Diastolic (mmHg): 46 – 68; Apex: ●; Monitor: *; If heart rate is critical – PEWS score of 3, screen for sepsis	190	190
		180	180
		170	170
		160	160
		150	150
		140	140
		130	130
		120	120
		110	110
		100	100
		90	90
		80	80
		70	70
		60	60
		50	50
		MAP	
	Capillary Refill Time	1 – 2 seconds	
		3 seconds	
		4 seconds	
		≥ 5 seconds	
	Skin Colour	Pink	
		Pale	
		Grey/Cyanotic	
		Grey & Mottled	
	PEWS Score for Cardiovascular (record most severe score, max 3)		
Behaviour		Playing/Appropriate	
		Sleeping	
		Irritable	
		Lethargic/Confused	
		Reduced response to pain	
	PEWS Score for Behaviour (record most severe score, max 3)		
	Persistent vomiting following surgery		
	Bronchodilator every 20 minutes		
PEWS	Total PEWS Score (max 13) R + C + B + vomiting + bronchodilator = PEWS Score		
Situational Awareness Factors	Patient/Family/Caregiver concern		
	Unusual therapy		
	Watcher patient		
	Communication breakdown		
	PEWS Score ≥2		
	PEWS Escalation Process Activated (time) See NN		
Temperature °C	● A – Axilla, R – Rectal, O – Oral, T – Temporal, E – Esophageal; If temperature is less than 36°C or above 38°C, screen for sepsis	40	40
		39	39
		38	38
		37	37
		36	36
	Source of Temperature		

BC PEWS Escalation Aid

Score	Action
Score 0 – 1	Continue to monitor and document as per orders and routine protocols.
Score 2 or any one of 5 Situational Awareness Factors	Review with more experienced healthcare professional. Escalate if further consultation required or resources do not allow. Continue to monitor as per orders/protocols.
Score 3	Increase frequency of assessments and documentation as per plan from consultation.
Score 4 and/or score increases by 2 after interventions	Notify MRP/delegate. Consider pediatrician consult. MRP/delegate to communicate a plan of care. Increase assessments. Reassess adequacy of resources and escalate to meet deficits.
Score 5 – 13 or score of 3 in any one category	Immediate assessment by MRP/delegate or pediatrician, or emergency room physician. MRP/delegate to communicate a plan of care. Increase nursing care with increasing interventions as per plan. Consider internal or external transfer to higher level of care.

Revised 06 2025

CHILD HEALTH BC

24 Hour Flowsheet
4 – 11 MONTHS

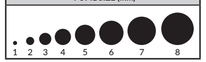
Patient identification

Date: _____

Initials																									
Time																									
Spinal Neurological																									
PUPILS B = Brisk S = Sluggish F = Fixed	Size	Right																							
		Left																							
	Reaction	Right																							
		Left																							
EYE C = Closed	Spontaneous	4																							
	To speech	3																							
	To pain	2																							
	None	1																							
VERBAL	Coos/Oriented	5																							
	Irritable cry/Confused	4																							
	Cries to pain/Inappropriate	3																							
	Moans to pain/Incomprehensible	2																							
	None	1																							
MOTOR	Normal spontaneous/Obeys	6																							
	Withdraws to touch/Localized	5																							
	Withdraws to pain/Withdraws	4																							
	Abnormal flexion	3																							
	Abnormal extension	2																							
	Flaccid	1																							
TOTAL SCORE GCS																									
Spinal Muscle Strength Refer to rating scale below Rate 0 – 5		Right Arm																							
		Left Arm																							
		Right Leg																							
		Left Leg																							
Colour, Warmth, & Sensation of Extremities √ = Normal NN = Nurse's Notes		Right Arm																							
		Left Arm																							
		Right Leg																							
		Left Leg																							
Bladder Function	√ = Normal NN = Nurse's Notes																								

Initials																									
Time																									
Care Pain (q4h & PRN)	Tool: _____ Pain Score																								
	Location of pain																								
	Arousal Score																								
Regular Checks	Sepsis Screen																								
Screen for sepsis if PEWS score increases by 2, or temperature is > 38°C or < 36.0°C, or critical heart rate. (Indicate with a ✓ and document findings and actions in Nurses' Notes.)																									
	Enteral / Gastric tube																								
	IV Site to Source (touch, look, and compare q1h)																								
	Patient Safety Check q1h																								
	PRAM Score (asthma patients only)																								
	Phototherapy / Eye shields																								
	Incubator Temperature																								
Routine Nursing Care	Repositioning q____h																								
	Ambulation																								
	Foley care / Pericare																								
	Shower (S) / Bath (B)																								
	Mouth care																								
Oximeter site probe change q4h																									
Family presence																									

PUPIL SIZE (mm)



MUSCLE STRENGTH GRADING SYSTEM			
0/5	No movement	3/5	Movement overcoming gravity, but not against resistance
1/5	Trace movement	4/5	Movement overcoming gravity and some resistance
2/5	Movement only (not against gravity)	5/5	Normal strength against resistance

LEVEL OF AROUSAL SCORE					
1	2	3	4	5
Awake and alert, oriented	Normal sleep, easy to arouse to verbal stimulation	Difficult to arouse to verbal stimulation	Responds only to physical stimulation	Does not respond to verbal or physical stimulation

CHILD HEALTH BC

24 Hour Flowsheet
4 – 11 MONTHS

Patient identification

Date: _____

Calculated Maintenance Fluids _____ mL/hr

Initials																									
Time																									
Intake																									
Cumulative Total IN																									
Output																									
Cumulative Total OUT																									
Bristol Stool Score (document in NN if abnormal)																									

Total Fluids _____ mL/kg/hr Urine Output _____ mL/kg/hr	12 hour balance	Total Fluids _____ mL/kg/hr Urine Output _____ mL/kg/hr	12 hour balance

INTRAVENOUS INITIATION ☐ Other line present

Time	Insertion site	Catheter size	# of attempts	Signature

OTHER MEASUREMENTS

Time	For example: height, abdominal girth, head circumference, peakflows

24 hour balance	
Previous 24 hour balance	
ADMISSION WEIGHT	kg
PREVIOUS 24 HOUR WEIGHT	kg
TODAY'S WEIGHT	kg

ABBREVIATIONS

BM	Bowel Movement	LLL	Lower left lobe	mmHG	Millimeters of mercury	RUL	Right upper lobe
°C	Degrees Celsius	LLQ	Lower left quadrant	N/A	Not applicable	RUQ	Right upper quadrant
cm	Centimeter(s)	LMP	Last menstrual period	NN	Nurses' notes	PRAM	Pediatric Respiratory Assessment Measure
hr	Hour	LUL	Left upper lobe	NPO	Nothing by mouth	q__h	Every__hour
H2O	Water	LUQ	Left upper quadrant	#	Number	RLL	Right lower lobe
IV	Intravenous	MAP	Mean arterial pressure	02	Oxygen	RLQ	Right lower quadrant
Kg	Kilograms	mL	Millilitres	pH	Potential of hydrogren	RML	Right middle

CHILD HEALTH BC

24 Hour Flowsheet
4 – 11 MONTHS

Patient identification

Date: _____

Time	Initials

Check boxes ☑ to indicate assessment findings. Check box NN to see Nurses' Notes.

PRECAUTIONS _____

RESPIRATORY

AIRWAY
☐ Clear ☐ Maintains own
☐ Unable to maintain

WORK OF BREATHING
☐ Respirations even/unlabored
☐ Stridor ☐ Grunting
☐ Referred upper airway sounds
☐ Nasal flaring ☐ Tracheal tug
☐ Head bobbing ☐ Tripod
☐ Abdominal breathing
Indrawing
☐ Intercostal ☐ Subcostal
☐ Substernal ☐ Suprasternal

RESPIRATORY DISTRESS
☐ None ☐ Mild
☐ Moderate ☐ Severe

CHEST MOVEMENT
☐ Symmetrical
☐ Asymmetrical

AIR ENTRY
☐ Equal to bases
Decreased to
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL
☐ Throughout

ADVENTITIOUS SOUNDS
☐ Clear to bases
Crackles ☐ Fine ☐ Coarse
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Throughout
Wheezes ☐ Inspiratory ☐ Expiratory
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Throughout

COUGH
☐ None ☐ Nasal congestion
☐ Non-Productive ☐ Productive
☐ NN

CHEST DRAINAGE DEVICE
Chest tube ☐ N/A
☐ Pigtail ☐ Blake drain
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Mediastinal
☐ Suction _____ cm H_2O
☐ Underwater seal ☐ Bulb
Drainage
☐ Sanguinous ☐ Serous
☐ Serosanguinous
☐ Chylous ☐ Purulent
Air leak ☐ Yes ☐ No
☐ NN

CARDIOVASCULAR

CENTRAL COLOUR
☐ Baseline for patient
☐ Pink ☐ Pale
☐ Flushed ☐ Grey
☐ Cyanotic ☐ Mottled

PERIPHERAL COLOUR
☐ Baseline for patient
☐ Pink ☐ Pale
☐ Flushed ☐ Grey
☐ Cyanotic ☐ Mottled

CAP REFILL TIME
Central _____ seconds
Peripheral ____ seconds

PERIPHERAL TEMPERATURE
☐ Warm to extremities
☐ Upper ☐ Lower
☐ Cool to extremities
☐ Upper ☐ Lower

HYDRATION
Mucous membranes
☐ Moist ☐ Dry
Skin turgor ☐ Elastic ☐ Poor
Skin ☐ Dry ☐ Diaphoretic
Fontanelles ☐ N/A
☐ Closed ☐ Soft/flat
☐ Depressed ☐ Full ☐ Bulging

EDEMA
Central edema ☐ Yes ☐ No
Peripheral edema ☐ Yes ☐ No

APICAL PULSE ☐ Regular ☐ Irregular
☐ Murmur ☐ _____

PULSES *When assessed, indicate normal with ✓ or NN for variances*		Left	Right
Central	Carotid		
	Axillary		
	Brachial		
	Femoral		
Peripheral	Radial		
	Dorsalis		
	Posterior tibial		

☐ See neurovascular assessment ☐ NN

NEUROLOGICAL

RESPONSE
☐ Alert
☐ Verbal
☐ Painful
☐ Unresponsive

TONE
☐ Normal
☐ Hypertonic
☐ Hypotonic

☐ NN

INTEGUMENT

☐ Clear
☐ Location _____
☐ Bruising ☐ Jaundiced
☐ Petechiae ☐ Rash

MUCOUS MEMBRANES
☐ Pink ☐ Intact
☐ Drooling ☐ Lesions
☐ Stomatitis/mucositis grade ____

UMBILICUS ☐ N/A
☐ Clean ☐ Dry

PHOTOTHERAPY ☐ N/A
Type _____ Irradiance _____

DRESSINGS ☐ N/A
Site _____
☐ Dry and intact
☐ Vacuum-assisted closure (VAC) at ____ mm Hg

DRAIN ☐ N/A
☐ Location _____
☐ Type _____
Drainage
☐ None ☐ Fresh
☐ Sanguinous ☐ Serous
☐ Serosanguinous ☐ Purulent
☐ NN

BRADEN QD

Mobility	
Sensory Perception	
Friction & Shear	
Nutrition	
Tissue Perfusion & Oxygenation	
Number of Medical Devices	
Repositionability/Skin protection	
Total Score:	

GASTROINTESTINAL

ABDOMEN
☐ Flat ☐ Rounded
☐ Distended ☐ Shiny
☐ Surgical site _____
☐ Ostomy site _____
☐ Ostomy assessment
☐ Nausea ☐ Vomiting

Bowel sounds
☐ Present ☐ Absent
☐ Hyperactive
☐ Hypoactive

Location
☐ RUQ ☐ LUQ
☐ RLQ ☐ LLQ

Palpation ☐ Soft ☐ Firm
☐ Guarding

Tenderness _____

Pain _____

BOWELS
☐ Last BM _____
☐ See stool chart
☐ Flatus ☐ NN

GENITOURINARY

URINARY ELIMINATION
☐ Self-voiding
☐ Diaper size _____
☐ Catheter size _____
☐ Intermittent
☐ Continuous

URINE
☐ Clear ☐ Cloudy
☐ Dilute ☐ Concentrated
☐ Burning ☐ Urgency
☐ Increased frequency
☐ **Hematuria**
☐ Slight
☐ Moderate
☐ Marked

REPRODUCTIVE
☐ N/A
☐ Menses at present
☐ LMP _____
☐ NN

NUTRITION

☐ NPO ☐ Oral ad lib ☐ Meal plan _____
☐ Breast/chest feeding ☐ Bottle ☐ Nipple Type ___
☐ Diabetes record

TUBE FEEDING ☐ N/A
☐ Continuous ☐ Bolus ☐ Intermittent q _____h

GASTRIC TUBE ☐ N/A
☐ Location _____ ☐ Length _____
☐ Type _____ ☐ Verified pH _____
☐ Straight drainage ☐ Clamped ☐ Open
Suction ☐ Continuous ☐ Intermittent
☐ Level _____ mmHg ☐ NN

MUSCULOSKELETAL

GAIT ☐ N/A
☐ Independent
☐ Steady ☐ Unsteady
☐ Bedrest ☐ _____

DEVICES ☐ N/A
☐ Wheelchair ☐ Cast
☐ Crutches ☐ Splint
☐ Traction ☐ Brace
☐ _____ ☐ NN

QUALITY CHECKS

☐ Alarms on/reviewed
☐ ID band ☐ Allergy band
☐ Bedside safety check
☐ Plan of care updated
☐ Falls risk assessment ___
☐ Family education
☐ Discharge planning
☐ _____ ☐ NN

MENTAL HEALTH

☐ N/A
☐ Review Mental Health Act Forms
☐ Rate your mood _____

RISKS
☐ Altered self-care ☐ Aggression
☐ Elopement Risk
☐ Hallucinations _____
☐ Substance intoxication/ withdrawal
☐ Suicidal ideation, no plan
☐ Suicidal ideation, with plan
☐ Self harm
☐ Homicidal ideation

MENTAL HEALTH PLAN
☐ Screening tools completed based on identified risks
☐ Safety/risk mitigation plan initiated
☐ Observation level _____
☐ _____ ☐ NN

Revised 06 2025