

Date: _____



24 Hour Flowsheet 1 - 3 YEARS

Patient identification

Date	Initials	Time	PUPIL SIZE (mm)		MUSCLE STRENGTH GRADING SYSTEM		LEVEL OF AROUSAL SCORE						
			1	2	0/5	No movement	3/5	Movement overcoming gravity, but not against resistance	1	2	3	4	5
			3	4	1/5	Trace movement	4/5	Movement overcoming gravity and some resistance	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
			5	6	2/5	Movement only (not against gravity)	5/5	Normal strength against resistance					

Time	Pain (q4h & PRN)		Arousal Score		Sepsis Screen		Regular Checks		Routin Nursing Care	
	Tool: _____	Pain Score _____	Location of pain _____	Arousal Score _____	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) _____	Repositioning q _____ h	Ambulation _____
	Patient Safety Check q1h _____		PRAM Score (asthma patients only) _____		Phototherapy / Eye shields _____		Incubator Temperature _____		Foley care / Pericare _____	
	Shower (S) / Bath (B) _____		Mouth care _____		Oximeter site probe change q4h _____		Family presence _____			

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Calculated Maintenance Fluids _____ mL/kg/hr

Date	Initials	Time	Intake		Output		ABBREVIATIONS	
			Total Fluids _____ mL/kg/hr	12 hour balance _____	Total Fluids _____ mL/kg/hr	12 hour balance _____	BiPAP Bi-level Positive Airway Pressure	
			Urine Output _____ mL/kg/hr	24 hour balance _____	Urine Output _____ mL/kg/hr	24 hour balance _____	°C Degrees Celsius	
			Cumulative Total IN _____		Cumulative Total OUT _____		CIWA-Ar Clinical Institute Withdrawal Assessment for Alcohol	
			Total Fluids _____ mL/kg/hr		Total Fluids _____ mL/kg/hr		COWS Clinical Opiate Withdrawal Scale	
			Urine Output _____ mL/kg/hr		Urine Output _____ mL/kg/hr		CPAP Continuous Positive Airway Pressure	

Time	Insertion Site	Catheter Size	# of Attempts	Signature

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ABBREVIATIONS											
BiPAP	Bi-level Positive Airway Pressure	EVD	External Ventricular Drain	LLL	Lower Left Lobe	mL	Milliliters	NN	Nurses' Notes	RLQ	Right Lower Quadrant
°C	Degrees Celsius	GT	Gastrostomy Tube	LLQ	Lower Left Quadrant	MRP	Most Responsible Practitioner	NP	Nasal Prongs	RML	Right Middle Lobe
CIWA-Ar	Clinical Institute Withdrawal Assessment for Alcohol	HHHF	Heated Humidified High Flow	LUL	Left Upper Lobe	N	No	q _____ h	Every _____ hours	RUL	Right Upper Lobe
cm	Centimeter(s)	JT	Jejunostomy tube	LUQ	Left Upper Quadrant	NA	Not Applicable	R	Right	RUQ	Right Upper Quadrant
COWS	Clinical Opiate Withdrawal Scale	kg	Kilograms	M	Mask	NG	Nasogastric	RA	Room Air	Y	Yes
CPAP	Continuous Positive Airway Pressure	L	Left	MAP	Mean Arterial Pressure	NJ	Nasojejunal	RLL	Right Lower Lobe	VAC	Vacuum Assisted Closure

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Time	Initials

Strike a line through any assessment data to indicate that it does not apply or has not been assessed. Check boxes to indicate assessment findings.

RESPIRATORY

Resp. even and unlaboured

Respiratory distress: Mild Moderate Severe

Nasal flaring Tracheal tug

Head bobbing

Indrawing: Intercostal Subcostal Substernal

Abdominal breathing

Suprasternal retractions

See Nurses' Notes

BREATH SOUNDS

Clear to bases

Crackles: RUL RML RLL, LUL LLL Throughout

Wheezes: Inspiratory Expiratory

Location: RUL RML RLL, LUL LLL Throughout

Stridor Grunting

Referred upper airway sounds

Cough: Dry Loose Productive

Nasal congestion

See Nurses' Notes

AIR ENTRY

Equal to bases

Decreased to: RUL RML RLL, LUL LLL Throughout

See Nurses' Notes

CHEST MOVEMENT

Equal and adequate

See Nurses' Notes

CHEST DRAINAGE DEVICE N/A

Insitu: Chest tube _____, Blake drain _____, Pigtail _____

Site: Mediastinal RUL RML RLL, LUL LLL

Underwater seal

Drainage is: Sanguinous Serous, Serosanguinous Chylous

Air leak: Yes No

See Nurses' Notes

CARDIOVASCULAR

CENTRAL COLOUR

Pink Pale

Mottled Flushed

Jaundiced

See Nurses' Notes

PERIPHERAL COLOUR

Pink Pale

Mottled Flushed

Jaundiced

See Nurses' Notes

PERIPHERAL PULSES

Left radial / ulnar / brachial _____

Right radial / ulnar / brachial _____

Left femoral / D pedis / P tibialis / popliteal _____

Right femoral / D pedis / P tibialis / popliteal _____

See Neurovascular assessment record

APICAL PULSE

Regular Irregular

Murmur _____

See Nurses' Notes

PERIPHERAL TEMPERATURE

Warm to: Extremities _____

See Nurses' Notes

GASTROINTESTINAL

ABDOMEN

Flat Rounded Soft Firm Distended Shiny

Tenderness: RUQ LUQ, RLQ LLQ

Guarding

See Nurses' Notes

BOWELS

Last BM _____

See stool chart

Ostomy site _____

Drainage: Yes No

See Nurses' Notes

BOWEL SOUNDS

Present: Hyper Hypo

Absent Throughout

Location of bowel sounds: RUQ LUQ, RLQ LLQ

See Nurses' Notes

GENITOURINARY

BLADDER

Self-voiding _____

Diaper: Size _____

Catheter: Size _____

Intermittent Continuous

See Nurses' Notes

URINE N/A

Dilute Concentrated

COLOUR

Clear Cloudy Amber Yellow

Hematuria: Slight Moderate Marked

See Nurses' Notes

REPRODUCTIVE N/A

Menses at present See Nurses' Notes

MUSCULOSKELETAL

GAIT N/A

Steady Unsteady

Not observed

Wheelchair Bedfast

Ambulatory/walker See Nurses' Notes

DEVICES N/A

Traction Splint Cast

Brace Concentrated

See Nurses' Notes

ISOLATION

Contact Contact plus Droplet

Droplet and contact

Airborne Airborne and contact

N/A See Nurses' Notes

NEUROLOGICAL

ISOLATION

TONE N/A Nurses' Notes

Increased/hypertonic Decreased/hypotonic

INTEGUMENT

Skin clear Bruising

Petechiae Rash

Location: _____

See Nurses' Notes

UMBILICUS N/A

Clean Drying

PHOTOTHERAPY N/A

Start date _____

End date _____

Type _____

Irradiance _____

See Nurses' Notes

MUCOUS MEMBRANES

Pink Intact Lesions

Painful Drooling

Stomatitis/Mucositis Grade _____

See Nurses' Notes

DRESSINGS N/A

Site: _____

Dry and intact

VAC continuous/intermittent _____ mm Hg

See Nurses' Notes

DRAINAGE N/A

None Fresh Old

Sanguinous Serous

Serosanguinous

Purulent

See Nurses' Notes

DRAIN N/A

Site: _____

Insitu Location _____

Type _____

PSYCHOSOCIAL / SAFETY

AT RISK TO SELF/OTHERS

Suicidal Homicidal ideation

Plan: _____

Elopement risk

SUBSTANCE USE

Substance intoxication/Withdrawal

INTERVENTIONS

Restraints: Siderails Enclosure bed

Violence Prevention Care Plan insitu

(safety check)

See Nurses' Notes

QUALITY CHECKS & SCORES

Indicate completed check with a ✓ and insert actual score into box

Alarms on and reviewed	Braden Q Score
Identification Band on _____	Mobility _____
Allergy Band on _____	Activity _____
Bedside safety check _____	Sensory perception _____
Patient plan of care updated _____	Moisture _____
Falls Risk Assessment score _____	Friction and shear _____
Family orientation/ Education to area/Diagnosis _____	Nutrition _____
Mental Health Plan _____	Tissue perfusion _____
	Total Score _____