24 Hour Flowsheet CHILD:

Patient identification

dentification	Date:
	СН

ALTH BC	4 – 11 M	IONTHS	
	Initials		

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

ou mo a mio uno agri arry accocorni			to marcate acc							
RESP	IRATORY		CARDIOVASCULAR							
□ Resp. even and unlaboured □ Respiratory distress: □ Mild □ Moderate □ Sever □ Nasal flaring □ Tracheal tug □ Head bobbing		☐ Pink ☐ Pale ☐ Mottled ☐ Flushed ☐ Jaundiced ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Mottled ☐ Flushed ☐ Jaundiced ☐	PERIPHERAL PULSES Left radial / ulnar / brachial Right radial / ulnar / brachial	Normal Nurses'					
☐ Indrawing: ☐ Intercostal ☐ Subcostal ☐ Substernal	CHEST MOVEMENT Equal and adequate	☐ See Nurses' Notes APICAL PULSE ☐ Regular ☐ Irregular	PERIPHERAL	Left femoral / D pedis / P tibialis / popliteal						
☐ Abdominal breathing ☐ Suprasternal retractions ☐ See Nurses' Notes	See Nurses' Notes CHEST DRAINAGE DEVICE	Murmur	Warm to: Extremities	Right femoral / D pedis / P tibialis / popliteal						
BREATH SOUNDS Clear to bases	☐ Insitu: ☐ Chest tube	See Nurses' Notes		See Neurovascular assessr	nent rec					
☐ Crackles: ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ LLL ☐ Throughor ☐ Wheezes: ☐ Inspiratory ☐ Expiratory ☐ Location: ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ LLL ☐ Throughor ☐ Stridor ☐ Grunting ☐ Referred upper airway sounds ☐ Cough: ☐ Dry ☐ Loose ☐ Productive ☐ Nasal congestion ☐ See Nurses' Notes	□ LUL □ LUL □ cm H₂O suci □ Underwater seal Drainage is: ut □ Sanguinous □ Sero	Skin clear Bruisin Petechiae Rash Location See Nurses' Notes UMBILICUS N/A Clean Drying PHOTOTHERAPY N Start date	☐ Pink ☐ Intact ☐ ☐ Painful ☐ Drool ☐ Stomatitis/Mucositis ☐ See Nurses' Notes □ PRESSINGS ☐ N	S DRAINAGE I Lesions □ None ling □ Fresh I s Grade □ Sanguinous I □ Serosanguino □ Purulent I/A □ See Nurses' N DRAIN □ N	us lotes I/A					
GASTROINTESTINAL BDOMEN	GENITOURINARY BLADDER	MUSCULOSKELETAL RATE IN/A	HYDRATION Central edema:	PSYCHOSOC SAFETY						
Flat	Self-voiding Diaper: Size Catheter: Size Intermittent Continuous See Nurses' Notes URINE N/A Dilute Concentrated COLOUR Clear Clear Clear Vellow Hematuria: Slight Moderate Marked See Nurses' Notes REPRODUCTIVE N/A Menses at present Marked See Nurses' Notes	Steady ☐ Unsteady Not observed Wheelchair ☐ Bedfast Ambulatory/walker See Nurses' Notes EVICES ☐ N/A Traction ☐ Splint ☐ Cast Brace ☐ ☐ ☐ See Nurses' Notes SOLATION ☐ Contact plus Droplet ☐ Contact plus Droplet and contact Airborne ☐ Airborne and contact N/A ☐ See Nurses' Notes NEUROLOGICAL ONE ☐ N/A ☐ Nurses' Notes Increased/hypertonic	□ No Peripheral edema: □ Ye □ No Skin turgor: □ Elastic □ Poor Skin: □ Dry □ Diaphoretic Mucous membranes: □ Moist □ Dry □ See Nurses' Notes FONTANELLES □ No □ Closed □ Soft/Flat □ Depressed □ Full □ Bulgit QUALITY Co	AT RISK TO SELF/OTH Suicidal Homicidal ideation Plan: Elopement risk SUBSTANCE USE Substance intoxica Withdrawal INTERVENTIONS Restraints: Siderails Enc Violence Preventio insitu (safety check) See Nurses' Note With a and insert actual sco	ation/ closure b n Care P					
See Nurses' Notes		Decreased/hypotonic	Identification Band on Allergy Band on	Mobility						
Oral ad lib. D. Draaatfaadina	NUTRITION CASTRIC TURE	□ N/A □ Coc Nursees' Notes	Bedside safety check	Activity						
☐ Oral ad lib ☐ Breastfeeding ☐ Nausea ☐ Vomiting	☐ Meal Plan ☐ Insitu: ☐ L	□ N/A □ See Nurses' Notes ocation	Patient plan of care upda		on					
☐ Bottle Type	Length		Falls Risk Assessment sc							
□ Nipple Type □ See Nurses' Notes	☐ Tube placem	nent verified pH age	Family orientation/ Education to area/Diagno	Friction and sheat Nutrition	ır					
FEEDING \square N/A \square See N	lurses' Notes 🔲 Clamped	Open barrel	Mental Health Plan	Tissue perfusion	-					
☐ Continuous ☐ Bolus ☐ Intermittent a h	☐ Suction: ☐ (Continuous	INIGITAL FIGURE FIGURE	Total Score	+					
i interminent o n		Intermittent		.0.0.0000						

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CH	ILD:
	ALTH BC
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24 Hour Flowsheet 4 - 11 MONTHS

Patient identification

Time	Problem/Focus	Nursing Doo	umon+	ation Note	ne .			
Tille	- FIODICIII/FOCUS	Nuising Doo	ument	מנוטוו ואטנפ				
Signature	s							
Signature and initials								

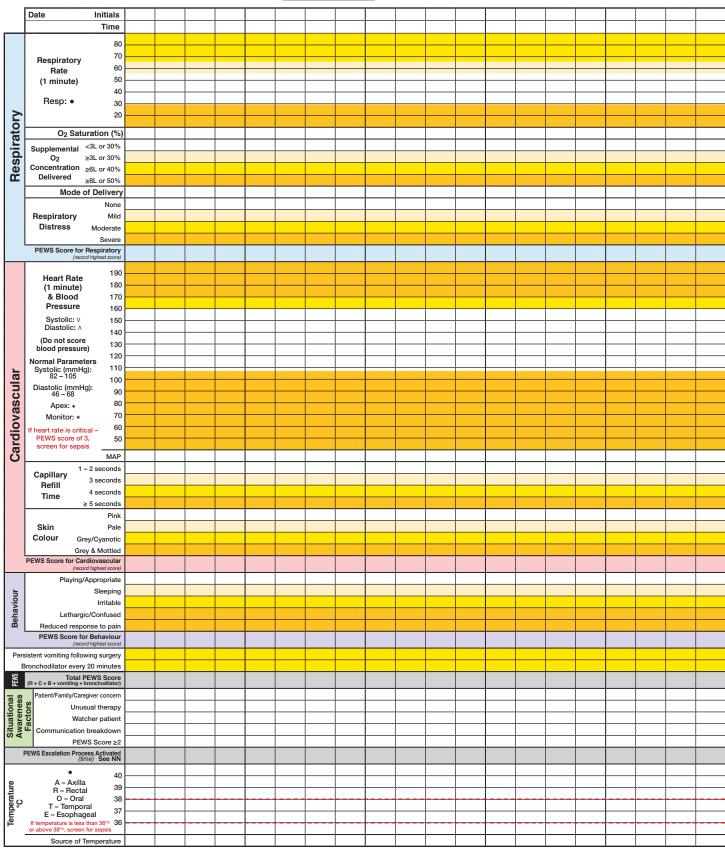
CHILD:

HEALTH BC

Patient identification 24 Hour Flowsheet

4 – 11 MONTHS

PEWS Scoring Legend: 0 1 2 3





Revised 11 2020

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. Scalate if further consultation required or resources do not allow. Continue to monitor as per orders/protocols.

Increase frequency of assessments and documentation as per plan from consultation.

Score 4 and/or score increases by 2 after interventions consultation.

Score 5 - 13 or score of 3 in any one category interventions as per plan from and escalate to meet deficits.

Score 5 - 13 or score of 3 in any one category interventions as per plan from category interventions as per plan. Consider internal or external transfer to higher level of care.

CHILD: **HEALTH** BC

Patient identification

24 Hour Flowsheet 4 - 11 MONTHS

Time To speech To pain 2 Irritable cry/Confused Cries to pain/Inappropriate 3 Moans to pain/Incomprehensible 2 Normal spontaneous/Obeys 6 Withdraws to touch/Localized 5 Vithdraws to pain/Withdraws Abnormal flexion Refer to rating scale below Colour, Warmth, Right Arm & Sensation of Extremities Left Arr ✓= Normal Right Le NN = Nurse's Notes Left Le Location of pain Arousal Score 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 $\sqrt{\ }$ and document findings and actions in Nurses' Notes.) Regular Enteral / Gastric tube Checks IV Site to Source (touch, look, and compare q1h) Patient Safety Check q1h PRAM Score (asthma patients only) Phototherapy / Eye shields Incubator Temperatur Routine Repositioning q___ Foley care / Pericare Shower (S) / Bath (B) Mouth car Oximeter site probe change q4 Family presence PUPIL SIZE (mm) MUSCLE STRENGTH GRADING SYSTEM LEVEL OF AROUSAL SCORE

Movement overcoming gravity,

but not against resistance

Movement only (not against gravity) 5/5 Normal strength against resistance

2

Awake and alert, easy to arouse oriented to verbal stimulation stimulation stimulation

Normal sleep, and alert, easy to arouse to verbal to verbal or physical stimulation stimulation

Normal sleep, and consider to verbal or physical stimulation stimulation

CHILD: **HEALTH** BC

24 Hour Flowsheet 4 - 11 MONTHS

Calculated Maintenance Fluids __

Patient identification

_ mL/kg/hr

	Date	Initials																								
	Time)		ļ.,,	ļ							ļ					ļ.,,									
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Intake																										
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Output																										
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	Brist (docume	tol Stool Score ent in NN if abnormal																								
	Cumul	lative Total OUT																								
	Cumul	lative Total OUT	1	Fluids			_ mL/k		12 hc	our ba	lance					Fluids			mL/k		12 hc	our bal	ance			
	Cumul	lative Total OUT	Total	Fluids Outpu			_ mL/k _ mL/k		12 hc	our ba	lance					Fluids Outpo			mL/k mL/k			our bal				
IN		VENOUS II	Total Urine	Outpu	ut	Othe	_ mL/k			our ba	lance								_ mL/k	(g/hr	24 ho	our bal	ance			
IN		VENOUS II	Total Urine	Outpu	ut		_ mL/k	cg/hr	sent		lance	s		s		Outp			_ mL/k		24 ho	our bal	ance			
IN	ITRA	VENOUS II	Total Urine	Outpu	ut		_ mL/k	g/hr e Pres	sent		•	S		S	Urine	Outp			_ mL/k	cg/hr evious	24 ho	our bal	ance ance			kg
IN	ITRA	VENOUS II	Total Urine	Outpu	ut		_ mL/k	g/hr e Pres	sent		•	S		S	Urine	Outp			_ mL/k	cg/hr evious	24 ho	our bal our bal ON WE	ance ance IGHT			kg
IN	ITRA	VENOUS II	Total Urine	Outpu	ut		_ mL/k	g/hr e Pres	sent		•	s		S	Urine	Outp			_ mL/k	evious ADM PR	24 ho 24 ho 11SSIO	our bal our bal ON WE	ance ance IGHT IOUR IGHT			
	ITRA	VENOUS II	Total Urine	Output FION on Site	e	C	_ mL/k	e Pres	sent	# of At	tempts		nce, p		Urine	re	ut		_ mL/k	evious ADM PR	24 ho 24 ho 11SSIO	our bal our bal ON WE IS 24 H WE	ance ance IGHT IOUR IGHT			kg
	Time	VENOUS II	Total Urine	Output FION on Site	e	C	_ mL/k	e Pres	sent	# of At	tempts		nce, p		Urine	re	ut		_ mL/k	evious ADM PR	24 ho 24 ho 11SSIO	our bal our bal ON WE IS 24 H WE	ance ance IGHT IOUR IGHT			kg
Ot	Time	VENOUS II	Total Urine	Output FION on Site	e	C	_ mL/k	e Pres	sent	# of At	tempts		$\overline{}$		Urine	re	ut		_ mL/k	evious ADM PR	24 ho 24 ho 11SSIO	our bal our bal ON WE IS 24 H WE	ance ance IGHT IOUR IGHT			kg
Ot	Time	VENOUS II	Total Urine	Output FION on Site	e	C	_ mL/k	e Pres	sent	# of At	tempts		$\overline{}$		Urine	re	ut		_ mL/k	evious ADM PR	24 ho 24 ho 11SSIO	our bal our bal ON WE IS 24 H WE	ance ance IGHT IOUR IGHT			kg
Ot	Time	VENOUS II	Total Urine	Output FION on Site	e	C	_ mL/k	e Pres	sent	# of At	tempts		$\overline{}$		Urine	re	ut		_ mL/k	evious ADM PR	24 ho 24 ho 11SSIO	our bal our bal ON WE IS 24 H WE	ance ance IGHT IOUR IGHT			kg
Ot	Time	VENOUS II	Total Urine	Output FION on Site	e	C	_ mL/k	e Pres	sent	# of At	tempts		$\overline{}$		Urine	re	ut		_ mL/k	evious ADM PR	24 ho 24 ho 11SSIO	our bal our bal ON WE IS 24 H WE	ance ance IGHT IOUR IGHT			kg
Ot	Time	VENOUS II	Total Urine	Output FION on Site	e	C	_ mL/k	e Pres	sent	# of At	d circu	mfere	PM	hotom	Urine	re	ut		_ mL/k	evious ADM PR	24 ho 24 ho 11SSIO	our bal our bal ON WE IS 24 H WE	ance ance IGHT IOUR IGHT			kg
Ot	Time	VENOUS II	Total Urine NITIAT Inserti	COUTPUT CHON On Situ	ut	c: heigh	_mL/k	e Pres	sent #	# of Att	d circu	mfere	PM	hotom	Urine	opeakflo	ut	NN	_ mL/k	ADM PR	24 ho 24 ho 11SSIO DEEVIOU	our bal ur bal N WE IS 24 H WE SS WE	ance ance IGHT IOUR IGHT	nt Lower	Ouadra	kg kg
Ot AM	Time	Measureme Bi-level Positive	Total Urine NITIAT Inserti nts (I	COUTPUT CHON On Situ	e ample	c: heigh	_ mL/k	e Pres Preser Size	sent #	# of At	d circu	mfere BBREV	PM	NS mL	Urine	opeakflo	oows)	NN NP	_ mL/k	ADM PR To	24 ho 24 ho 18SIO	our bal uur bal N WE IS 24 H WE SS WE	ance ance IGHT IOUR IGHT IGHT	nt Lower		kg kg
Ot	Time	Measureme Bi-level Positive Degrees Celsius	Total Urine NITIAT Inserti nts (I	CION On Situ	e e	c: heigh	mL/k	e Pres Pres Adomina	sent ### ################################	# of Att	AE Low	mfere BBREV	PM IATIO Lobe Quadran	NS mL	Urine	opeakflo	oows)	NP	_ mL/k	evious ADM PR	24 ho 24 ho 18SIO	RLCC RM	ance IGHT IOUR IGHT IGHT IGHT IGHT IGHT IGHT IGHT IGHT	nt Lower	e Lobe	kg kg
Ott AM BiPA °C	Time her N	Measureme Bi-level Positive	Total Urine NITIAT Inserti nts (I	CION On Situ	e e	EVD GT	mL/k	e Pres Preser Size	sent ### ### ############################	# of At	AE Low Left	mfere BBREV rer Left Upper I	PM IATIO Lobe Quadran	NS mL t MR	Mill No	opeakflo	ows)	\vdash	_ mL/k	ADM PR T(24 ho 24 ho 24 ho DIISSIO DAY ODAY	RLCC RM	ance ance IGHT IOUR IGHT IGHT IGHT IGHT IGHT IGHT IGHT IGHT	nt Middle	Lobe	kg kg

MAP Mean Arterial Pressure

CPAP Continuous Positive Airway Pressure L Left

NJ Nasojejunal

RLL Right Lower Lobe VAC Vacuum Assisted Closure

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24 Hour Flowsheet 4 - 11 MONTHS Patient identification

Strike a line through any assessmen	t data to indicate that it does not ap	oply or has not been assessed. Ch	eck boxes 🗹 to indicate ass	sessment find	dings.		
RESPIR	RATORY		CARDIOVASC	ULAR			
☐ Resp. even and unlaboured ☐ Respiratory distress: ☐ Mild ☐ Moderate ☐ Severe ☐ Nasal flaring ☐ Tracheal tug ☐ Head bobbing ☐ Indrawing: ☐ Intercostal _	AIR ENTRY □ Equal to bases □ Decreased to: □ RUL □ RML□ RLL □ LUL □ LLL □ Through □ See Nurses' Notes CHEST MOVEMENT		PERIPHERAL COLOUR Pink Pale Mottled Flushed Jaundiced See Nurses' Notes PERIPHERAL	Right radial	ulnar / brachial / ulnar / brachial ll / D pedis /	Normal	MIIRABA
☐ Subcostal ☐ Substernal ☐ Abdominal breathing ☐ Suprasternal retractions ☐ See Nurses' Notes	☐ Equal and adequate ☐ See Nurses' Notes CHEST DRAINAGE DEVICE ☐ I	Regular 🗖 Irregular	TEMPERATURE Warm to: ☐ Extremities ☐	P tibialis / p Right femo P tibialis / p	poplitėal pral / D pedis / popliteal	1	_
BREATH SOUNDS	☐ Insitu: ☐ Chest tube	See Nurses' Notes	1 See Nurses Notes	☐ See Neuro	ovascular assessm	ent re	90
☐ Clear to bases☐ Crackles:	☐ Blake drain		INTEGUMEI	NT			
☐ 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	☐ LUL ☐ LLL ☐ ☐ cm H₂0 suct ☐ Underwater seal	us Location See Nurses' Notes UMBILICUS Clean Drying PHOTOTHERAPY Start date End date Type Irradiance See Nurses' Notes	Pink ☐ Intact ☐ Painful ☐ Drool Stomatitis/Mucositis See Nurses' Notes PRESSINGS ☐ N Site: ☐ Dry and intact ☐ VAC continuous/interat ☐ See Nurses' Notes ☐ See Nurses' Notes	Lesions	1 None 1 Fresh □ 1 Sanguinous □ 1 Serosanguinou 1 Purulent 1 See Nurses' No	s Ites A	d rc
GASTROINTESTINAL ABDOMEN Flat	□ 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 □ Sae Nurses' Notes	MUSCULOSKELETAL AIT	Indicate completed check Alarms on and reviewe Identification Band on	es Su Su Ho O Ho O Pla D Elo SUBST Su Si NTER O Si NTER O Si S	micidal ideation an: perment risk TANCE USE bstance intoxicate ithdrawal VENTIONS straints: iderails	care into	e
	NUTRITION		Allergy Band on Bedside safety check		lobility ctivity	+	_
☐ Oral ad lib ☐ Breastfeeding ☐	NPO GASTRIC TUBE	□ N/A □ See Nurses' Notes	Patient plan of care upda		ensory perceptio	n	
	☐ Meal Plan ☐ Insitu: ☐ Lo		Falls Risk Assessment so		loisture		
☐ Bottle Type ☐ Nipple Type	☐ Tube placem	ent verified pH	Family orientation/		riction and shear		_
☐ See Nurses' Notes	☐ Straight draina	age 🔲 Intermittent suction	Education to area/Diagno	osis	lutrition		
FEEDING □ N/A □ See Nu □ Continuous □ Bolus	rses' Notes	Open barrel	Mental Health Plan		issue perfusion		
☐ Intermittent qh		ntermittent		T	otal Score		