CHILD HEALTH BC

24 Hour Flowsheet
0 – 3 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

CHILD HEALTH BC

24 Hour Flowsheet
0 – 3 MONTHS

Patient identification

Date: ____________

Time	Problem/Focus	Nurses Notes

Print Name	Signatures	Initials	Print Name	Signatures	Initials

CHILD HEALTH BC

24 Hour Flowsheet
0 – 3 MONTHS

Patient identification

Date: ____________

PEWS Scoring Legend: 0 | 1 | 2 | 3

Section	Parameter	Scale																									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	190																									190
	Systolic: ∨ Diastolic: ∧	180																									180
	(Do not score blood pressure)	170																									170
	Normal Parameters:	160																									160
	Systolic (mmHg): 60 – 84 (0 – 28 days) 73 – 105 (1 – 3 mos)	150																									150
	Diastolic (mmHg): 30 – 53 (0 – 28 days) 36 – 68 (1 – 3 mos)	140																									140
	Apex: ●	130																									130
	Monitor: *	120																									120
	If heart rate is critical – PEWS score of 3, screen for sepsis	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	40																									40
		39																									39
		38																									38
		37																									37
	If temperature is less than 36°C or above 38°C, screen for sepsis	36																									36
	Source of Temperature																										

BC PEWS Escalation Aid

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

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0 – 3 MONTHS

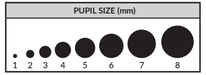
Patient identification

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																									
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

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0 – 3 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

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PRECAUTIONS _____

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☐ Unable to maintain

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Decreased to
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☐ Non-Productive ☐ Productive
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☐ Pigtail ☐ Blake drain
☐ RUL ☐ RML ☐ RLL
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☐ Underwater seal ☐ Bulb
Drainage
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CARDIOVASCULAR

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EDEMA
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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
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☐ Hypotonic
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INTEGUMENT

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☐ Location _____
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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
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☐ Distended ☐ Shiny
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Bowel sounds
☐ Present ☐ Absent
☐ Hyperactive
☐ Hypoactive
Location
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Palpation ☐ Soft ☐ Firm
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Tenderness _____
Pain _____
BOWELS
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GENITOURINARY

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☐ Elopement Risk
☐ Hallucinations _____
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