Date: ______________

CHILD HEALTH BC

24 Hour Flowsheet
12+ YEARS

Patient identification

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
☐ __________ cm H_2O suction
☐ 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

APICAL PULSE
☐ Regular ☐ Irregular
☐ Murmur
☐ ______________
☐ See Nurses' Notes

PERIPHERAL TEMPERATURE
Warm to: ☐ Extremities
☐ ______________
☐ See Nurses' Notes

PERIPHERAL PULSES	Normal	Nurses' Notes
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

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 at __________ mm Hg
☐ See Nurses' Notes

DRAINAGE ☐ N/A
☐ None
☐ Fresh ☐ Old
☐ Sanguinous ☐ Serous
☐ Serosanguinous
☐ Purulent
☐ See Nurses' Notes

DRAIN ☐ N/A
☐ Insitu
☐ Location ______________
☐ Type ______________

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 ☐ ______________
☐ See Nurses' Notes

ISOLATION

☐ Contact ☐ Contact plus
☐ Droplet
☐ Droplet and contact
☐ Airborne
☐ Airborne and contact
☐ N/A ☐ See Nurses' Notes

NEUROLOGICAL

TONE ☐ N/A ☐ Nurses' Notes
☐ Increased/hypertonic
☐ Decreased/hypotonic

HYDRATION

Central edema: ☐ Yes
☐ No
Peripheral edema: ☐ Yes
☐ No
Skin turgor: ☐ Elastic
☐ Poor
Skin: ☐ Dry
☐ Diaphoretic
Mucous membranes:
☐ Moist
☐ Dry
☐ See Nurses' Notes

FONTANELLES ☐ N/A
☐ Closed
☐ Soft/Flat
☐ Depressed
☐ Full ☐ Bulging

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

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

NUTRITION

☐ Oral ad lib ☐ Breastfeeding ☐ NPO
☐ Nausea ☐ Vomiting ☐ Meal Plan
☐ Bottle Type ______________
☐ Nipple Type ______________
☐ See Nurses' Notes

FEEDING ☐ N/A ☐ See Nurses' Notes
☐ Continuous ☐ Bolus
☐ Intermittent q__________h

GASTRIC TUBE ☐ N/A ☐ See Nurses' Notes
☐ Insitu: ☐ Location ______________
☐ Length __________ ☐ Type __________
☐ Tube placement verified pH ______________
☐ Straight drainage ☐ Intermittent suction
☐ Clamped ☐ Open barrel
☐ Suction: ☐ Continuous
☐ Intermittent

Date: ______________

CHILD HEALTH BC

24 Hour Flowsheet
12+ YEARS

Patient identification

Time	Problem/Focus	Nursing Documentation Notes

Signatures and initials						

Date: ______________

CHILD HEALTH BC

24 Hour Flowsheet
12+ YEARS

Patient identification

PEWS Scoring Legend: 0 | 1 | 2 | 3

Date / Initials																					
Time																					
Respiratory: Respiratory Rate (1 minute) Resp: •	50																				50
	40																				40
	30																				30
	20																				20
O2 Saturation (%)																					
Supplemental O2 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 highest score)																					
Cardiovascular: Heart Rate (1 minute) & Blood Pressure; Systolic: ∨ Diastolic: ∧ (Do not score blood pressure); Normal Parameters Systolic (mmHg): 105 – 136, Diastolic (mmHg): 62 – 87; Apex: • Monitor: *; If heart rate is critical – PEWS score of 3, screen for sepsis	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 highest score)																					
Behaviour	Playing/Appropriate																				
	Sleeping																				
	Irritable																				
	Lethargic/Confused																				
	Reduced response to pain																				
PEWS Score for Behaviour (record highest score)																					
Persistent vomiting following surgery																					
Bronchodilator every 20 minutes																					
PEWS: Total PEWS Score (R + C + B + vomiting + bronchodilator)																					
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																					

Pediatric Early Warning System (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 11 2020

Date: _____

CHILD HEALTH BC

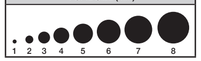
24 Hour Flowsheet
12+ YEARS

Patient identification

Date	Initials																								
Time																									
Spinal Neurological																									
PUPILS	Size	Right																							
		Left																							
	Reaction (B = Brisk, S = Sluggish, F = Fixed)	Right																							
		Left																							
EYE	Spontaneous	4																							
	To speech	3																							
	To pain	2																							
	None (C = Closed)	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																								

Date	Initials																								
Time																									
Care																									
Pain (q4h & PRN)	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.)																									
Time																									
Regular Checks	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

Date: _____

CHILD HEALTH BC

24 Hour Flowsheet
12+ YEARS

Patient identification

Calculated Maintenance Fluids _____ mL/kg/hr

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

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
24 hour balance
Previous 24 hour balance

INTRAVENOUS INITIATION ☐ Other Line Present

Time	Insertion Site	Catheter Size	# of Attempts	Signature

ADMISSION WEIGHT	kg
PREVIOUS 24 HOUR WEIGHT	kg
TODAY'S WEIGHT	kg

Other Measurements (For example: height, abdominal girth, head circumference, photometer, peakflows)

AM	PM

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

Date: _____

CHILD HEALTH BC

24 Hour Flowsheet
12+ YEARS

Patient identification

Time	Initials

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☐ Respiratory distress:
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☐ Indrawing:
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☐ Suboscostal ☐ Substernal
☐ Abdominal breathing
☐ Supraternal 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
☐ _____ cm H_2O suction
☐ 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

APICAL PULSE
☐ Regular ☐ Irregular
☐ Murmur
☐ _____
☐ See Nurses' Notes

PERIPHERAL TEMPERATURE
Warm to: ☐ Extremities
☐ _____
☐ See Nurses' Notes

PERIPHERAL PULSES	Normal	Nurses' Notes
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

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 at _____ mm Hg
☐ See Nurses' Notes

DRAINAGE ☐ N/A
☐ None
☐ Fresh ☐ Old
☐ Sanguinous ☐ Serous
☐ Serosanguinous
☐ Purulent
☐ See Nurses' Notes

DRAIN ☐ N/A
☐ Insitu
☐ Location _____
☐ Type _____

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 ☐ _____
☐ See Nurses' Notes

ISOLATION

☐ Contact ☐ Contact plus
☐ Droplet
☐ Droplet and contact
☐ Airborne
☐ Airborne and contact
☐ N/A ☐ See Nurses' Notes

NEUROLOGICAL

TONE ☐ N/A ☐ Nurses' Notes
☐ Increased/hypertonic
☐ Decreased/hypotonic

HYDRATION

Central edema: ☐ Yes ☐ No
Peripheral edema: ☐ Yes ☐ No
Skin turgor: ☐ Elastic ☐ Poor
Skin: ☐ Dry ☐ Diaphoretic
Mucous membranes:
☐ Moist ☐ Dry
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☐ Closed
☐ Soft/Flat
☐ Depressed
☐ Full ☐ Bulging

PSYCHOSOCIAL / SAFETY

AT RISK TO SELF/OTHERS
☐ Suicidal
☐ Homicidal ideation
☐ Plan: _____
☐ Elopement risk

SUBSTANCE USE
☐ Substance intoxication/ Withdrawal

INTERVENTIONS
☐ Restraints:
☐ Sideralls ☐ Enclosure bed
☐ Violence Prevention Care Plan insitu
☐ _____ (safety check)
☐ See Nurses' Notes

NUTRITION

☐ Oral ad lib ☐ Breastfeeding ☐ NPO
☐ Nausea ☐ Vomiting ☐ Meal Plan
☐ Bottle Type _____
☐ Nipple Type _____
☐ See Nurses' Notes

FEEDING ☐ N/A ☐ See Nurses' Notes
☐ Continuous ☐ Bolus
☐ Intermittent q_____h

GASTRIC TUBE ☐ N/A ☐ See Nurses' Notes
☐ Insitu: ☐ Location _____
☐ Length _____ ☐ Type _____
☐ Tube placement verified pH _____
☐ Straight drainage ☐ Intermittent suction
☐ Clamped ☐ Open barrel
☐ Suction: ☐ Continuous ☐ Intermittent

QUALITY CHECKS & SCORES

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

		Braden Q Score	
Alarms on and reviewed			
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	