CHILD HEALTH BC

Date: ____________

Time	Initials

24 Hour Flowsheet
4 – 6 YEARS

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 – 6 YEARS

Patient identification

Time	Problem/Focus	Nurses Notes

Print Name	Signatures	Initials	Print Name	Signatures	Initials

CHILD HEALTH BC

Date: ____________

24 Hour Flowsheet
4 – 6 YEARS

Patient identification

PEWS Scoring Legend: 0 | 1 | 2 | 3

Section	Parameter	Scale																					Scale
	Initials:																						
	Time:																						
Respiratory	Respiratory Rate (1 minute)	50																					50
		40																					40
		30																					30
	Resp: ●	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 most severe score, max 3)																						
Cardiovascular	Heart Rate (1 minute) & Blood Pressure	160																					160
		150																					150
	Systolic: ∨ Diastolic: ∧	140																					140
		130																					130
	(Do not score blood pressure)	120																					120
	Normal Parameters:	110																					110
	Systolic (mmHg): 91 - 114	100																					100
		90																					90
	Diastolic (mmHg): 50 – 74	80																					80
		70																					70
	Apex: ●	60																					60
	Monitor: *	50																					50
	If heart rate is critical – PEWS score of 3, screen for sepsis	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 + vomitting + 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	●	40																					40
	A – Axilla, R – Rectal	39																					39
	O – Oral	38																					38
	T – Temporal, E – Esophageal	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	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 – 6 YEARS

Patient identification

Date: ______________

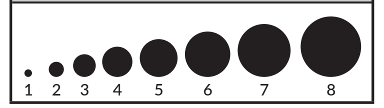
Spinal / Neurological		
		Initials
		Time
PUPILS	Size	Right
		Left
B = Brisk S = Sluggish F = Fixed	Reaction	Right
		Left
EYE	Spontaneous	4
	To speech	3
	To pain	2
C = Closed	None	1
VERBAL	Coos/Oriented	5
	Irritable cry/Confused	4
	Cries to pain/Inappropriate	3
	Moans to pain/Incomprehensible	2
	None	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	

Care		
		Initials
		Time
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.)

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

CHILD HEALTH BC

24 Hour Flowsheet
4 – 6 YEARS

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

24 hour balance	
Previous 24 hour balance	

OTHER MEASUREMENTS

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

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

Date: ______________

Time	Initials

24 Hour Flowsheet
4 – 6 YEARS

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

Revised 06 2025