Date: _______________

CHILD HEALTH BC

24 Hour Flowsheet
4 – 11 MONTHS

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

APICAL PULSE
- ☐ Regular ☐ Irregular
- ☐ Murmur
- ☐ ____________
- ☐ See Nurses' Notes

PERIPHERAL COLOUR
- ☐ Pink ☐ Pale
- ☐ Mottled ☐ Flushed
- ☐ Jaundiced
- ☐ ____________
- ☐ 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

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			
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	

Date: _______________

CHILD HEALTH BC

24 Hour Flowsheet
4 – 11 MONTHS

Patient identification

Time	Problem/Focus	Nursing Documentation Notes

Signatures and initials						

Date: _______________

CHILD HEALTH BC

24 Hour Flowsheet
4 – 11 MONTHS

Patient identification

PEWS Scoring Legend: 0 | 1 | 2 | 3

Section	Parameter	Value																					Scale
	Date	Initials																					
		Time																					
Respiratory	Respiratory Rate (1 minute) Resp: ●	80																					80
Respiratory		70																					70
Respiratory		60																					60
Respiratory		50																					50
Respiratory		40																					40
Respiratory		30																					30
Respiratory		20																					20
Respiratory	O_2 Saturation (%)																						
Respiratory	Supplemental O_2 Concentration Delivered	<3L or 30%																					
Respiratory		≥3L or 30%																					
Respiratory		≥6L or 40%																					
Respiratory		≥8L or 50%																					
Respiratory	Mode of Delivery																						
Respiratory	Respiratory Distress	None																					
Respiratory		Mild																					
Respiratory		Moderate																					
Respiratory		Severe																					
Respiratory	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): 82 – 105; Diastolic (mmHg): 46 – 68; Apex: ●; Monitor: ∗; If heart rate is critical – PEWS score of 3, screen for sepsis	190																					190
Cardiovascular		180																					180
Cardiovascular		170																					170
Cardiovascular		160																					160
Cardiovascular		150																					150
Cardiovascular		140																					140
Cardiovascular		130																					130
Cardiovascular		120																					120
Cardiovascular		110																					110
Cardiovascular		100																					100
Cardiovascular		90																					90
Cardiovascular		80																					80
Cardiovascular		70																					70
Cardiovascular		60																					60
Cardiovascular		50																					50
Cardiovascular		MAP																					
Cardiovascular	Capillary Refill Time	1 – 2 seconds																					
Cardiovascular		3 seconds																					
Cardiovascular		4 seconds																					
Cardiovascular		≥ 5 seconds																					
Cardiovascular	Skin Colour	Pink																					
Cardiovascular		Pale																					
Cardiovascular		Grey/Cyanotic																					
Cardiovascular		Grey & Mottled																					
Cardiovascular	PEWS Score for Cardiovascular *(record highest score)*																						
Behaviour		Playing/Appropriate																					
Behaviour		Sleeping																					
Behaviour		Irritable																					
Behaviour		Lethargic/Confused																					
Behaviour		Reduced response to pain																					
Behaviour	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																					
Situational Awareness Factors		Unusual therapy																					
Situational Awareness Factors		Watcher patient																					
Situational Awareness Factors		Communication breakdown																					
Situational Awareness Factors		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
Temperature °C		39																					39
Temperature °C		38																					38
Temperature °C		37																					37
Temperature °C		36																					36
Temperature °C	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 09 2019

Date: ______________

CHILD HEALTH BC

24 Hour Flowsheet 4 – 11 MONTHS

Patient identification

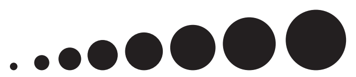
Date / Initials	
Time	
Neurological — PUPILS — Size: Right	
Size: Left	
Reaction (B = Brisk, S = Sluggish, F = Fixed): Right	
Reaction: Left	
EYE — Spontaneous 4	
To speech 3	
To pain 2	
None 1 (C = Closed)	
VERBAL — Coos/Oriented 5	
Irritable cry/Confused 4	
Cries to pain/Inappropriate 3	
Moans to pain/Incomprehensible 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	
Spinal — 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	
Time	
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 4 – 11 MONTHS

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 4 – 11 MONTHS

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

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

PERIPHERAL COLOUR
☐ Pink ☐ Pale
☐ Mottled ☐ Flushed
☐ Jaundiced
☐ __________
☐ 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

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

Alarms on and reviewed		Braden Q Score	
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	