AU MEDICAL CENTER
ADULT MED-SURG FLOWSHEET

PATIENT LABEL

____/____/____ ______________
MM DD YY Military Time

VITAL SIGNS:

Time	Temp	HR	R	BP	Pain Score	SPO2		Comments:

Allergies:____________________

WT: ____________________(Kg)

Scale # ____________________

Height: ____________________(cm)

Pain scale in use:
- ☐ FACES Rating Scale
- ☐ Numeric Rating Scale
- ☐ Objective Pain Scale

Shift	Signature / Title	Initials

Temp Codes:
Ax = Axillary
PO = Oral
Re = Rectal
T = Tympanic

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	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
Initials																								
Activity																								
Family Present																								
Bed Type																								
Side Rails Up ☐ X2 ☐ X4																								
Bed Position																								
ROM																								
Dressing Change																								
Trach Care																								
Labs Drawn																								
AM / PM Care																								
Turned and Positioned																								
Linen Changed																								
Enternal Feed Bag Changed																								
IV Tubing Checked																								
Glucose																								
PT Education																								
Fall Score																								
Braden Score																								
Comments																								

Code Key:
Position:
Lt = Left
Rt = Right
P = Prone
S = Supine

IV Tubing Checks:
✔ = Secure
✱ = See Focus Note

Family present:
M = Mother
Fa = Father
O = _____
Blank = no visitors

Bed Type:
Bd = Bed

Activity:
BR = Bed Rest
T/P = Test or Procedure
(Identify in Comments)
Amb = Ambulation
tv = Watching TV
Sl = Sleeping


FLWSHEET

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INTAKE

OUTPUT

	Nutrition / Fluids	PO	Residual	Tube	IVF-1		IVF-2		IVF-3		IVF-4		URINE mL	BM #	Stool	Surgical Drains	
					site / rate	HR / Total	site / rate	HR / Total	site / rate	HR / Total	site / rate	HR / Total					
07																	
08																	
09																	
10																	
11																	
12																	
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14																	
Total																	
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22																	
Total																	
23																	
24																	
01																	
02																	
03																	
04																	
05																	
06																	
Total																	
24H Total																	

CODE KEY:
IV site check:
✔ = No problems noted
Red = Redness
Pf = Puffiness
W = Warmth
D/C- = Removed

IVF:
#1 _____
#2 _____
#3 _____
#4 _____

Stool Description:
BK = Black
Y = Yellow
G = Green
CC = Clay Color
NL = Normal
L = Liquid
LO = Loose
MU = Mucoid
W = Watery

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FLWSHEET

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____/____/____ ______________
MM DD YY Military Time

	DAY / AM	EVENINGS	PM / NIGHT
	Time ________ Signature ________ Precautions: ________ ☐ Arm Band on Patient	Time ________ Signature ________ Precautions: ________ ☐ Arm Band on Patient	Time ________ Signature ________ Precautions: ________ ☐ Arm Band on Patient
NEURO	☐ Call bell within reach of Patient or family ☐ Alert ☐ Appropriate for age / condition ☐ Lethargic ☐ PEARLA ☐ Confused ☐ Cooperative ☐ Combative ☐ Apprehensive ☐ Hyperactive ☐ ________ Speech: ☐ Clear ☐ Slurred ☐ Nonverbal ☐ Inappropriate Motor: ☐ Moves all extremities ☐ Weakness ________ ☐ Paralysis ________ Comments: ________	☐ Call bell within reach of Patient or family ☐ Alert ☐ Appropriate for age / condition ☐ Lethargic ☐ PEARLA ☐ Confused ☐ Cooperative ☐ Combative ☐ Apprehensive ☐ Hyperactive ☐ ________ Speech: ☐ Clear ☐ Slurred ☐ Nonverbal ☐ Inappropriate Motor: ☐ Moves all extremities ☐ Weakness ________ ☐ Paralysis ________ Comments: ________	☐ Call bell within reach of Patient or family ☐ Alert ☐ Appropriate for age / condition ☐ Lethargic ☐ PEARLA ☐ Confused ☐ Cooperative ☐ Combative ☐ Apprehensive ☐ Hyperactive ☐ ________ Speech: ☐ Clear ☐ Slurred ☐ Nonverbal ☐ Inappropriate Motor: ☐ Moves all extremities ☐ Weakness ________ ☐ Paralysis ________ Comments: ________
SKIN	Color: ☐ Normal ☐ Pale ☐ Cyanotic ☐ Jaundice ☐ Flushed ☐ ________ Temperature: ☐ Warm ☐ Cool Condition: ☐ Intact ☐ Dry ☐ Diaphoretic ☐ Suture Line at ________ ☐ Pressure area at ________ ☐ Edema at ________ Turgor: ☐ Normal ☐ Tented	Color: ☐ Normal ☐ Pale ☐ Cyanotic ☐ Jaundice ☐ Flushed ☐ ________ Temperature: ☐ Warm ☐ Cool Condition: ☐ Intact ☐ Dry ☐ Diaphoretic ☐ Suture Line at ________ ☐ Pressure area at ________ ☐ Edema at ________ Turgor: ☐ Normal ☐ Tented	Color: ☐ Normal ☐ Pale ☐ Cyanotic ☐ Jaundice ☐ Flushed ☐ ________ Temperature: ☐ Warm ☐ Cool Condition: ☐ Intact ☐ Dry ☐ Diaphoretic ☐ Suture Line at ________ ☐ Pressure area at ________ ☐ Edema at ________ Turgor: ☐ Normal ☐ Tented
IV	☐ Heplock ☐ IVF Pumps X ________ ☐ CVL ⇨ Type ________ ☐ PICC ☐ EDC ☐ PIC ☐ Patent ☐ D/C Location ________	☐ Heplock ☐ IVF Pumps X ________ ☐ CVL ⇨ Type ________ ☐ PICC ☐ EDC ☐ PIC ☐ Patent ☐ D/C Location ________	☐ Heplock ☐ IVF Pumps X ________ ☐ CVL ⇨ Type ________ ☐ PICC ☐ EDC ☐ PIC ☐ Patent ☐ D/C Location ________
CV	Rhythm: ☐ Regular ☐ Irregular Pulses: ☐ Strong and equal at ______ + ☐ Unequal at ________ Capillary Refill Time ________Sec Equipment: ☐ None ☐ Pacer wires ☐ Monitored ⇨ Alarms set at ________ (see chart for daily strip)	Rhythm: ☐ Regular ☐ Irregular Pulses: ☐ Strong and equal at ______ + ☐ Unequal at ________ Capillary Refill Time ________Sec Equipment: ☐ None ☐ Pacer wires ☐ Monitored ⇨ Alarms set at ________ (see chart for daily strip)	Rhythm: ☐ Regular ☐ Irregular Pulses: ☐ Strong and equal at ______ + ☐ Unequal at ________ Capillary Refill Time ________Sec Equipment: ☐ None ☐ Pacer wires ☐ Monitored ⇨ Alarms set at ________ (see chart for daily strip)
RESP	☐ No distress noted ☐ Labored ☐ Shallow ☐ Irregular ☐ Grunting ☐ Stridor ☐ Nasal flaring ☐ Cough ⇨ ☐ Productive ☐ Nonproductive ☐ Wheezing ☐ Rales ☐ Rhonchi ☐ Coarse Location: ________ ☐ O2 ________ ☐ Vent (See RT sheet) ☐ Pulse ox ⇨ Alarms set at ________ Comments: ________	☐ No distress noted ☐ Labored ☐ Shallow ☐ Irregular ☐ Grunting ☐ Stridor ☐ Nasal flaring ☐ Cough ⇨ ☐ Productive ☐ Nonproductive ☐ Wheezing ☐ Rales ☐ Rhonchi ☐ Coarse Location: ________ ☐ O2 ________ ☐ Vent (See RT sheet) ☐ Pulse ox ⇨ Alarms set at ________ Comments: ________	☐ No distress noted ☐ Labored ☐ Shallow ☐ Irregular ☐ Grunting ☐ Stridor ☐ Nasal flaring ☐ Cough ⇨ ☐ Productive ☐ Nonproductive ☐ Wheezing ☐ Rales ☐ Rhonchi ☐ Coarse Location: ________ ☐ O2 ________ ☐ Vent (See RT sheet) ☐ Pulse ox ⇨ Alarms set at ________ Comments: ________
GI	☐ Denies complaints Abd. ☐ Soft ☐ Flat ☐ Tender ☐ Distended Bowel Sounds: ☐ Normal ☐ Absent ☐ Hyperactive ☐ Hypoactive ☐ Passing flatus ☐ BM in past 24 hours ☐ Diapered ☐ Incontinent ☐ BRP with asst. ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Ostomy ________ ☐ G-Tube ☐ NGT ⇨ ☐ Clamped ☐ Feeds ☐ Gravity ☐ Suction ☐ Feeding Pump Comments: ________	☐ Denies complaints Abd. ☐ Soft ☐ Flat ☐ Tender ☐ Distended Bowel Sounds: ☐ Normal ☐ Absent ☐ Hyperactive ☐ Hypoactive ☐ Passing flatus ☐ BM in past 24 hours ☐ Diapered ☐ Incontinent ☐ BRP with asst. ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Ostomy ________ ☐ G-Tube ☐ NGT ⇨ ☐ Clamped ☐ Feeds ☐ Gravity ☐ Suction ☐ Feeding Pump Comments: ________	☐ Denies complaints Abd. ☐ Soft ☐ Flat ☐ Tender ☐ Distended Bowel Sounds: ☐ Normal ☐ Absent ☐ Hyperactive ☐ Hypoactive ☐ Passing flatus ☐ BM in past 24 hours ☐ Diapered ☐ Incontinent ☐ BRP with asst. ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Ostomy ________ ☐ G-Tube ☐ NGT ⇨ ☐ Clamped ☐ Feeds ☐ Gravity ☐ Suction ☐ Feeding Pump Comments: ________
GU	☐ Voiding without difficulty Urine: ☐ Clear ☐ Cloudy ☐ ________ ☐ Anuric ☐ Dialysis ⇨ ☐ today ☐ Continent ☐ Incontinent ☐ In / Out Cath ☐ Foley ☐ Ostomy ________ Comments: ________	☐ Voiding without difficulty Urine: ☐ Clear ☐ Cloudy ☐ ________ ☐ Anuric ☐ Dialysis ⇨ ☐ today ☐ Continent ☐ Incontinent ☐ In / Out Cath ☐ Foley ☐ Ostomy ________ Comments: ________	☐ Voiding without difficulty Urine: ☐ Clear ☐ Cloudy ☐ ________ ☐ Anuric ☐ Dialysis ⇨ ☐ today ☐ Continent ☐ Incontinent ☐ In / Out Cath ☐ Foley ☐ Ostomy ________ Comments: ________
PAIN	☐ Denies c/o Pain No signs / symptoms ☐ C/o pain ⇨ Location: ________ Pain Score ________ Intensity: ________ ☐ Numeric ☐ OPS ☐ FACS ☐ Pain well controlled on current regimen ☐ Intermittent med ☐ PCA ☐ Epidural ☐ Ineffective pain control* (requires FOCUS note)	☐ Denies c/o Pain No signs / symptoms ☐ C/o pain ⇨ Location: ________ Pain Score ________ Intensity: ________ ☐ Numeric ☐ OPS ☐ FACS ☐ Pain well controlled on current regimen ☐ Intermittent med ☐ PCA ☐ Epidural ☐ Ineffective pain control* (requires FOCUS note)	☐ Denies c/o Pain No signs / symptoms ☐ C/o pain ⇨ Location: ________ Pain Score ________ Intensity: ________ ☐ Numeric ☐ OPS ☐ FACS ☐ Pain well controlled on current regimen ☐ Intermittent med ☐ PCA ☐ Epidural ☐ Ineffective pain control* (requires FOCUS note)

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BRADEN RISK ASSESSMENT

PATIENT LABEL

____/____/____ _____
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Morse Fall Risk

*History of falling Immediate or within last 3 months
- ☐ Yes (25)
- ☐ No (0)

*Presence of Secondary diagnosis
- ☐ Yes (15)
- ☐ No (0)

Illness which alter judgement, balance and sensation: Syncope, arrhythmias, osteoporosis, hypoglycemia, seizure, dialysis, pain, neuropathy, poor general health, morbidly obese, visually impaired, head injury, TIA's CVA's, hearing impaired, urgency/frequency/stress, incontinence, etc.

*Use of Ambulatory Aid
- ☐ Furniture (30)
- ☐ Crutches, cane walker (15)
- ☐ None, bedrest, wheelchair, nurse (0)

*IV/Heparin Lock
- ☐ Yes (20)
- ☐ No (0)

*Mental Status
- ☐ Forgets limitations (15)
- ☐ Oriented to own ability (0)

*Gait/Transferring
- ☐ Impaired (20)
- ☐ Weak, unsteady (10)
- ☐ Normal, bedrest, immobile (0)

Fall Risk Score_____
Add all choices above to achieve score

A score 0-44 indicates a need for standard environment safety precautions. A score of 45 or greater will add a problem "At Risk for Falls" to the problems list. Please initiate the Fall Prevention Plan of Care.

Participation in fall prevention
- ☐ Yes
- ☐ No
- ☐ Sedated (ICU only)

Evaluation participation in fall prevention based upon patient's response to instruction about environmental safety, call light use, and any documented information.

*Denotes Required Field

_____ ____/____/____ _____
Signature/Title MM DD YY Military Time

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Complete on admission and daily for all patients 9 years or greater.

*Sensory Perception	☐ (1) Completely limited ☐ (2) Very limited ☐ (3) Slightly limited ☐ (4) No Impairment	*Moisture	☐ (1) Completely moist ☐ (2) Very moist ☐ (3) Occasionally moist ☐ (4) Rarely moist
*Activity	☐ (1) Bedfast ☐ (2) Chairfast ☐ (3) Walks occasionally ☐ (4) Walks frequently	*Mobility	☐ (1) Completely limited ☐ (2) Very limited ☐ (3) Slightly limited ☐ (4) No limitations
*Nutrition	☐ (1) Very poor ☐ (2) Probably inadequate ☐ (3) Adequate ☐ (4) Excellent	*Friction and Shear	☐ (1) Problem ☐ (2) Potential problem ☐ (3) No apparent problem

*Skin Integrity Risk Score _____
Add all checked items to obtain score

The patient is at risk for skin breakdown when the Skin Integrity Risk Score is <=18.

For patients 18 or greater, initiate plan of care utilizing the Pressure Ulcer Prevention and Treatment Protocol.

For patients 9 years to 18 years, initiate plan of care utilizing the Skin Assessment for Neonates and Children policy.

*Denotes Required Field

_____ ____/____/____ _____
Signature/Title MM DD YY Military Time