**VITAL SIGNS:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Temp</th>
<th>HR</th>
<th>R</th>
<th>BP</th>
<th>Pain Score</th>
<th>SPO2</th>
<th>Comments</th>
</tr>
</thead>
</table>

**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
<table>
<thead>
<tr>
<th>Initials</th>
<th>Activity</th>
<th>Family Present</th>
<th>Bed Type</th>
<th>Side Rails Up</th>
<th>Bed Position</th>
<th>ROM</th>
<th>Dressing Change</th>
<th>Trach Care</th>
<th>Labs Drawn</th>
<th>AM / PM Care</th>
<th>Turned and Positioned</th>
<th>Linen Changed</th>
<th>Enternal Feed Bag Changed</th>
<th>IV Tubing Checked</th>
<th>Glucose</th>
<th>PT Education</th>
<th>Fall Score</th>
<th>Braden Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Code Key:**
- **Position:**
  - Lt = Left
  - Rt = Right
  - P = Prone
  - S = Supine
- **Family present:**
  - M = Mother
  - Fa = Father
  - O =
  - Blank = no visitors
- **IV Tubing Checks:**
  - ✚ = Secure
  - ★ = See Focus Note
- **Bed Type:**
  - Bd = Bed
- **Activity:**
  - BR = Bed Rest
  - T/P = Test or Procedure
  - Amb = Ambulation
  - tv = Watching TV
  - Sl = Sleeping

**Military Time:**

---

**Author:** FLWSHEET

**Page 2 of 6**

**MC 570 / 8751-1   Rev. 11/16**
### Intake

<table>
<thead>
<tr>
<th>Time</th>
<th>Nutrition / Fluids</th>
<th>PO</th>
<th>Tube</th>
<th>IVF-1</th>
<th>IVF-2</th>
<th>IVF-3</th>
<th>IVF-4</th>
<th>Urine mL</th>
<th>BM #</th>
<th>Stool</th>
<th>Surgical Drains</th>
</tr>
</thead>
<tbody>
<tr>
<td>07</td>
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</tbody>
</table>

**24H Total:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Nutrition / Fluids</th>
<th>PO</th>
<th>Tube</th>
<th>IVF-1</th>
<th>IVF-2</th>
<th>IVF-3</th>
<th>IVF-4</th>
<th>Urine mL</th>
<th>BM #</th>
<th>Stool</th>
<th>Surgical Drains</th>
</tr>
</thead>
</table>

### Output

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

**Code Key:**
- IV site check:
  - ✓ = No problems noted
  - Red = Redness
  - Pf = Puffiness
  - W = Warmth
  - D/C = Removed
<table>
<thead>
<tr>
<th>DAY / AM</th>
<th>EVENINGS</th>
<th>PM / NIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time _____ Signature ______________</td>
<td>Time _____ Signature ______________</td>
<td>Time _____ Signature ______________</td>
</tr>
<tr>
<td>Precautions: _______ Signature _______</td>
<td>Precautions: _______ Signature _______</td>
<td>Precautions: _______ Signature _______</td>
</tr>
<tr>
<td>☐ Arm Band on Patient</td>
<td>☐ Arm Band on Patient</td>
<td>☐ Arm Band on Patient</td>
</tr>
<tr>
<td>☐ Call bell within reach of Patient orfamily</td>
<td>☐ Call bell within reach of Patient orfamily</td>
<td>☐ Call bell within reach of Patient orfamily</td>
</tr>
<tr>
<td>☐ Alert</td>
<td>☐ Appropriate for age / condition</td>
<td>☐ Alert</td>
</tr>
<tr>
<td>☐ Lethargic</td>
<td>☐ PEARLA</td>
<td>☐ Confused</td>
</tr>
<tr>
<td>☐ Cooperative</td>
<td>☐ Combative</td>
<td>☐ Apprehensive</td>
</tr>
<tr>
<td>☐ Hyperactive</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>☐ Speech: ☐ Clear ☐ Slurred</td>
<td>☐ Speech: ☐ Clear ☐ Slurred</td>
<td>☐ Speech: ☐ Clear ☐ Slurred</td>
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<tr>
<td>☐ Nonverbal ☐ Inappropriate</td>
<td>☐ Nonverbal ☐ Inappropriate</td>
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<tr>
<td>☐ Motor: ☐ Moves all extremities</td>
<td>☐ Motor: ☐ Moves all extremities</td>
<td>☐ Motor: ☐ Moves all extremities</td>
</tr>
<tr>
<td>☐ Weakness</td>
<td>☐ Paralysis</td>
<td>☐ Comments:</td>
</tr>
<tr>
<td>☐ Paralysis</td>
<td>☐ Comments:</td>
<td>☐ Comments:</td>
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<tr>
<td>☐ Comments:</td>
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</tr>
</tbody>
</table>

**NEURO**

- Color: ☐ Normal ☐ Pale ☐ Cyanotic
- Jaundice: ☐ Normal
- Temperature: ☐ Warm ☐ Cool
- Condition: Intact ☐ Intact
- Diaphragm: ☐ Normal
- Pressure area at: ☐ Normal
- Edema at: ☐ Normal
- Turgor: Normal ☐ Tented

**SKIN**

- Labored ☐ Shallow ☐ Irregular ☐ Grunting
- Stridor: ☐ Nasal flaring
- Cough: ☐ Productive ☐ Nonproductive
- Wheezing: ☐ Normal
- Diapered ☐ Incontinent ☐ Diapered
- Nausea: ☐ Vomiting ☐ Diarrhea
- Ostomy: ☐ Normal
- G-Tube: ☐ NGT ☐ Clamped ☐ Feeds
- Gravity: ☐ Suction ☐ Feeding Pump

**RES**

- No distress noted
- Labored ☐ Shallow ☐ Irregular ☐ Grunting
- Stridor: Nasal flaring
- Cough: ☐ Productive ☐ Nonproductive
- Wheezing: ☐ Normal
- Diapered ☐ Incontinent ☐ Diapered
- Nausea: ☐ Vomiting ☐ Diarrhea
- Ostomy: ☐ Normal
- G-Tube: ☐ NGT ☐ Clamped ☐ Feeds
- Gravity: ☐ Suction ☐ Feeding Pump

**GI**

- Vomiting without difficulty
- Abdominal Distended: ☐ Normal ☐ Absent
- Bowel Sounds: ☐ Normal ☐ Absent
- Hyperactive: ☐ Hyperactive
- Hypoactive: ☐ Hypoactive
- Passing flatus: ☐ In 24 hours
- Diapered: ☐ Incontinent
- Nausea: ☐ Vomiting ☐ Diarrhea
- Ostomy: ☐ Normal
- G-Tube: ☐ NGT ☐ Clamped ☐ Feeds
- Gravity: ☐ Suction ☐ Feeding Pump

**GU**

- Vomiting without difficulty
- Abdominal Distended: ☐ Normal ☐ Absent
- Bowel Sounds: ☐ Normal ☐ Absent
- Hyperactive: ☐ Hyperactive
- Hypoactive: ☐ Hypoactive
- Passing flatus: ☐ In 24 hours
- Diapered: ☐ Incontinent
- Nausea: ☐ Vomiting ☐ Diarrhea
- Ostomy: ☐ Normal
- G-Tube: ☐ NGT ☐ Clamped ☐ Feeds
- Gravity: ☐ Suction ☐ Feeding Pump

**PAIN**

- Vomiting without difficulty
- Abdominal Distended: ☐ Normal ☐ Absent
- Bowel Sounds: ☐ Normal ☐ Absent
- Hyperactive: ☐ Hyperactive
- Hypoactive: ☐ Hypoactive
- Passing flatus: ☐ In 24 hours
- Diapered: ☐ Incontinent
- Nausea: ☐ Vomiting ☐ Diarrhea
- Ostomy: ☐ Normal
- G-Tube: ☐ NGT ☐ Clamped ☐ Feeds
- Gravity: ☐ Suction ☐ Feeding Pump

**Equipment**

- Capillary Refill Time: ☐ Normal
- Pulse ox: ☐ Normal
- Location: ☐ Normal
- EDC: ☐ Normal
- PICC: ☐ Normal
- Type: ☐ Normal
- D/C: ☐ Normal
- Location: ☐ Normal

**Comments**

- Denies complaints
- Abd. ☐ Soft ☐ Flat ☐ Tender ☐ Distended
- Bowel Sounds: ☐ Normal ☐ Absent
- Hyperactive: ☐ Hyperactive
- Hypoactive: ☐ Hypoactive
- Passing flatus: ☐ In 24 hours
- Diapered: ☐ Incontinent
- Nausea: ☐ Vomiting ☐ Diarrhea
- Ostomy: ☐ Normal
- G-Tube: ☐ NGT ☐ Clamped ☐ Feeds
- Gravity: ☐ Suction ☐ Feeding Pump

- Denies complaints
- Abd. ☐ Soft ☐ Flat ☐ Tender ☐ Distended
- Bowel Sounds: ☐ Normal ☐ Absent
- Hyperactive: ☐ Hyperactive
- Hypoactive: ☐ Hypoactive
- Passing flatus: ☐ In 24 hours
- Diapered: ☐ Incontinent
- Nausea: ☐ Vomiting ☐ Diarrhea
- Ostomy: ☐ Normal
- G-Tube: ☐ NGT ☐ Clamped ☐ Feeds
- Gravity: ☐ Suction ☐ Feeding Pump

- Denies complaints
- Abd. ☐ Soft ☐ Flat ☐ Tender ☐ Distended
- Bowel Sounds: ☐ Normal ☐ Absent
- Hyperactive: ☐ Hyperactive
- Hypoactive: ☐ Hypoactive
- Passing flatus: ☐ In 24 hours
- Diapered: ☐ Incontinent
- Nausea: ☐ Vomiting ☐ Diarrhea
- Ostomy: ☐ Normal
- G-Tube: ☐ NGT ☐ Clamped ☐ Feeds
- Gravity: ☐ Suction ☐ Feeding Pump

**Pain Scale**

- Numerical: ☐ Numeric ☐ OPS ☐ FACS
- Pain control: ☐ Effective ☐ Ineffective
- Pain control: ☐ Effective ☐ Ineffective
- Pain control: ☐ Effective ☐ Ineffective

**Notes**

- Denies complaints
- Abd. ☐ Soft ☐ Flat ☐ Tender ☐ Distended
- Bowel Sounds: ☐ Normal ☐ Absent
- Hyperactive: ☐ Hyperactive
- Hypoactive: ☐ Hypoactive
- Passing flatus: ☐ In 24 hours
- Diapered: ☐ Incontinent
- Nausea: ☐ Vomiting ☐ Diarrhea
- Ostomy: ☐ Normal
- G-Tube: ☐ NGT ☐ Clamped ☐ Feeds
- Gravity: ☐ Suction ☐ Feeding Pump

- Denies complaints
- Abd. ☐ Soft ☐ Flat ☐ Tender ☐ Distended
- Bowel Sounds: ☐ Normal ☐ Absent
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- Denies complaints
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- Diapered: ☐ Incontinent
- Nausea: ☐ Vomiting ☐ Diarrhea
- Ostomy: ☐ Normal
- G-Tube: ☐ NGT ☐ Clamped ☐ Feeds
- Gravity: ☐ Suction ☐ Feeding Pump
### Morse Fall Risk

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td><em>History of falling</em></td>
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<tr>
<td>Immediate or within last 3 months</td>
<td>Box</td>
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<tr>
<td><em>Presence of Secondary diagnosis</em></td>
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<tr>
<td>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.</td>
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<tr>
<td><em>Use of Ambulatory Aid</em></td>
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<tr>
<td>Furniture</td>
<td>Box</td>
<td></td>
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<tr>
<td>Crutches, cane walker</td>
<td></td>
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<tr>
<td>None, bedrest, wheelchair, nurse</td>
<td>Box</td>
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<tr>
<td><em>Mental Status</em></td>
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<tr>
<td>Forgets limitations</td>
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<tr>
<td>Oriented to own ability</td>
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<tr>
<td><em>Gait/Transferring</em></td>
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<td>Impaired</td>
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<td>Weak, unsteady</td>
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<td>Normal, bedrest, immobile</td>
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<td><em>IV/Heparin Lock</em></td>
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</table>

### Fall Risk 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.

**Fall Risk Score**

Add all choices above to achieve score

<table>
<thead>
<tr>
<th>Risks</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Participation in fall prevention</td>
<td></td>
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<tr>
<td>Sedated (ICU only)</td>
<td></td>
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</tbody>
</table>

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
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

* Activity  
  □ (1) Bedfast  
  □ (2) Chairfast  
  □ (3) Walks occasionally  
  □ (4) Walks frequently

* Nutrition  
  □ (1) Very poor  
  □ (2) Probably inadequate  
  □ (3) Adequate  
  □ (4) Excellent

* Friction and Shear  
  □ (1) Problem  
  □ (2) Potential problem  
  □ (3) No apparent problem

* Mobility  
  □ (1) Completely limited  
  □ (2) Very limited  
  □ (3) Slightly limited  
  □ (4) No limitations

* Moisture  
  □ (1) Completely moist  
  □ (2) Very moist  
  □ (3) Occasionally moist  
  □ (4) Rarely moist

*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

______________________________________________________________  MM / DD / YY  Military Time
Signature/Title