AU MEDICAL CENTER
CHILDREN'S HOSPITAL OF GEORGIA
PEDIATRIC MED-SURG FLOWSHEET

PATIENT LABEL

____/____/____ _____
MM DD YY Military Time

VITAL SIGNS:

Time	Temp	HR	R	BP	Pain Score	SPO2	Bronchiolitis	Sedation	PEWS	Comments:

Isolation type: _____

Allergy: _____

WT: _____ (Kg)

Scale # _____

Height: _____(cm)

Head Circumference _____(cm)

Abdomen Circumference _____(cm)

Extremity Circumference _____(cm)

Transport mode: _____

Pain scale in use:

- ☐ FACES Rating Scale
- ☐ Numeric Rating Scale
- ☐ Objective Pain Scale
- ☐ FLACC
- ☐ NIPS

Shift	Signature / Title	Initials

Medications:

Current medications improving your condition symptoms

☐ Yes ☐ No ☐ Poor/no historian ☐ Sedated

Current medications causing side any side effects

☐ Yes ☐ No ☐ Other

Which side effects are you having? _____

_____

Review side effects of current medications given during hospitalization to assist patients in answering questions.

Temp Codes:
Ax = Axilliary
PO = Oral
Re = Rectal

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____/____/____ ______________
MM DD YY Military Time

	DAY / AM	EVENINGS	PM / NIGHT
	Time ________ Signature ________ Precautions: ________ ☐ Arm Band on Patient Language ________	Time ________ Signature ________ Precautions: ________ ☐ Arm Band on Patient Language ________	Time ________ Signature ________ Precautions: ________ ☐ Arm Band on Patient Language ________
NEURO	☐ Call bell within reach of Patient or family ☐ Alert ☐ Appropriate for age / condition ☐ Lethargic ☐ PEARLA ☐ Confused ☐ Cooperative ☐ Combative ☐ Apprehensive ☐ Hyperactive ☐ ________Fontanel: ☐ N/A ☐ Open Soft Flat ☐ Sunken ☐ Full Bed Type________ 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 ☐ ________Fontanel: ☐ N/A ☐ Open Soft Flat ☐ Sunken ☐ Full Bed Type________ 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 ☐ ________Fontanel: ☐ N/A ☐ Open Soft Flat ☐ Sunken ☐ Full Bed Type________ 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 ________ ☐ Eema at ________ Turgor: ☐ Normal ☐ Tented ☐ Abnormalities________	Color: ☐ Normal ☐ Pale ☐ Cyanotic ☐ Jaundice ☐ Flushed ☐ ________ Temperature: ☐ Warm ☐ Cool Condition: ☐ Intact ☐ Dry ☐ Diaphoretic ☐ Suture Line at ________ ☐ Pressure area at ________ ☐ Eema at ________ Turgor: ☐ Normal ☐ Tented ☐ Abnormalities________	Color: ☐ Normal ☐ Pale ☐ Cyanotic ☐ Jaundice ☐ Flushed ☐ ________ Temperature: ☐ Warm ☐ Cool Condition: ☐ Intact ☐ Dry ☐ Diaphoretic ☐ Suture Line at ________ ☐ Pressure area at ________ ☐ Eema at ________ Turgor: ☐ Normal ☐ Tented ☐ Abnormalities________
IV	☐ Heploc ☐ IVF Pumps X ________ ☐ Extremity Circumference________ ☐ CVL ⇨ Type ________ ☐ PICC ☐ PIC ☐ Patent ☐ D/C Location ________	☐ Heploc ☐ IVF Pumps X ________ ☐ Extremity Circumference________ ☐ CVL ⇨ Type ________ ☐ PICC ☐ PIC ☐ Patent ☐ D/C Location ________	☐ Heploc ☐ IVF Pumps X ________ ☐ Extremity Circumference________ ☐ CVL ⇨ Type ________ ☐ PICC ☐ 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 ________	Rhythm: ☐ Regular ☐ Irregular Pulses: ☐ Strong and equal at ______ + ☐ Unequal at ________ Capillary Refill Time ________Sec Equipment: ☐ None ☐ Pacer wires ☐ Monitored ⇨ Alarms set at ________	Rhythm: ☐ Regular ☐ Irregular Pulses: ☐ Strong and equal at ______ + ☐ Unequal at ________ Capillary Refill Time ________Sec Equipment: ☐ None ☐ Pacer wires ☐ Monitored ⇨ Alarms set at ________
RESP	Chest Take ☐ No distress noted ☐ Diminished ☐ Labored ☐ Shallow ☐ Irregular ☐ Grunting ☐ Stridor ☐ Nasal flaring ☐ Congestion ☐ Cough ⇨ ☐ Productive ☐ Nonproductive ☐ Wheezing ☐ Rales ☐ Rhonchi ☐ Coarse Location:________ ☐ Retractions ☐ O2 ________ ☐ Vent (See RT sheet) ☐ Pulse ox ⇨ Alarms set at ______ ☐ CR Monitor Comments: ________	Chest Take ☐ No distress noted ☐ Diminished ☐ Labored ☐ Shallow ☐ Irregular ☐ Grunting ☐ Stridor ☐ Nasal flaring ☐ Congestion ☐ Cough ⇨ ☐ Productive ☐ Nonproductive ☐ Wheezing ☐ Rales ☐ Rhonchi ☐ Coarse Location:________ ☐ Retractions ☐ O2 ________ ☐ Vent (See RT sheet) ☐ Pulse ox ⇨ Alarms set at ______ ☐ CR Monitor Comments: ________	Chest Take ☐ No distress noted ☐ Diminished ☐ Labored ☐ Shallow ☐ Irregular ☐ Grunting ☐ Stridor ☐ Nasal flaring ☐ Congestion ☐ Cough ⇨ ☐ Productive ☐ Nonproductive ☐ Wheezing ☐ Rales ☐ Rhonchi ☐ Coarse Location:________ ☐ Retractions ☐ O2 ________ ☐ Vent (See RT sheet) ☐ Pulse ox ⇨ Alarms set at ______ ☐ CR Monitor 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 ☐ Constipation ☐ Ostomy ________ ☐ G-Tube ☐ NGT ⇨ ☐ Clamped ☐ Feeds ☐ Gravity ☐ Suction ☐ Feeding Pump ☐ NDT ☐ JT ☐ SST 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 ☐ Constipation ☐ Ostomy ________ ☐ G-Tube ☐ NGT ⇨ ☐ Clamped ☐ Feeds ☐ Gravity ☐ Suction ☐ Feeding Pump ☐ NDT ☐ JT ☐ SST 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 ☐ Constipation ☐ Ostomy ________ ☐ G-Tube ☐ NGT ⇨ ☐ Clamped ☐ Feeds ☐ Gravity ☐ Suction ☐ Feeding Pump ☐ NDT ☐ JT ☐ SST 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 ☐ FLACC ☐ NIPS ☐ 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 ☐ FLACC ☐ NIPS ☐ 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 ☐ FLACC ☐ NIPS ☐ 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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	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/Caregiver at bedside																								
Side Rails Up ☐ X2																								
Safety Precautions																								
Labs Drawn / Accucheck																								
Hygiene Performed																								
Turned and Positioned/ROM																								
Enteral Feed Bag Changed																								
Wire Cutters at Bedside																								
Ambu / Suction at Bedside																								
Emergency Trach Supplies																								
Incentive Spirometer																								
Lift Type																								
IV Tubing Checks																								
Bed Type																								
Comments																								

Code Key:
Position:
Lt = Left
Rt = Right
P = Prone
S = Supine
IF = Infant Seat
H = Held

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

Family Present:
M = Mother
Fa = Father
O = _____
Blank = No Visitors

Bed Type:
Bd = Bed
Cb = Crib
C = Cage Top
Iso - Isolette
B = Bassinett

Activity:
BR = Bed Rest
RP = Recreation/Play
ChL= Child Life
T/P = Test or Procedure
(Identify in Comments)
Amb = Ambulation
tv = Watching TV
Sl = Sleeping
PT = Physical Therapy
IS = Incentive Spirometer

Safety Precautions:
HOB = Head of Bed elevated
B = Bed in Lowest Position
O = Oxygen at BS

Lift Type:
C = Crutches
E = EZ Slide
M = Maxi Move
S = Stedy Lift

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INTAKE

OUTPUT

	Diet Type:		Residual	External Tube	IVF-1		IVF-2		IVF-3		site/curo/tubing checked			URINE	BM	Emesis #	Stool	
	Nutrition / Fluids	PO			site / rate	HR / Total	site / rate	HR / Total	site / rate	HR / Total	site 1	site 2	site 3					
07																		
08																		
09																		
10																		
11																		
12																		
13																		
14																		
Total																		
15																		
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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
* = Focus Note
△ = Changed site
• = Changed tube

IVF:
#1 _____
#2 _____
#3 _____

Stool Description:
BK = Black
Y = Yellow
G = Green
CC = Clay Color
B = Brown
BL = Blood
L = Liquid
LO = Loose
MU = Mucoid
W = Watery
S = Seedy

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Pediatric Fall Risk Assessment

Pediatric Fall Risk Assessment must be completed on pediatric patients every shift or at least every 12 hours.

*Age
- ☐ (4) Less than 3 years old
- ☐ (3) 3 to less than 7 years old
- ☐ (2) 7 to less than 13 years old
- ☐ (1) 13 years and above

*Surgery/ Sedation/ Anesthesia
- ☐ (3) Within the last 24 hours
- ☐ (2) Within the last 48 hours
- ☐ (1) More than 48 hours ago/none

*Medication Usage
- ☐ (3) Multiple usage of medication affecting risk
- ☐ (2) One of the medications listed **
- ☐ (1) Other medications / none

*Diagnosis
- ☐ (4) Neurological diagnosis
- ☐ (3) Alterations in oxygenation
- ☐ (2) Psych/Behavioral Disorders
- ☐ (1) Other diagnosis_____

*Gender
- ☐ (2) Male
- ☐ (1) Female

*Environmental Factors
- ☐ (4) History of falls or infant-toddler placed in bed
- ☐ (3) Uses assistive devices
- ☐ (3) Infant-toddler in crib
- ☐ (3) Furniture/Lighting
- ☐ (2) Patient placed in bed
- ☐ (1) Outpatient area

**Examples of meds affecting fall risk include: Sedatives (excluding patients in ICU sedated and paralyzed), Hypnotics, Barbiturates Phenothiazines, Antidepressants, Laxatives, Diuretics and Narcotics

Diagnosis Reference:

If the patient has multiple secondary or underlying diagnoses, then the score is based on the highest acuity diagnosis. (Example: a sickle cell patient with history of strokes or seizures would receive the higher Neurological score)

Examples of diagnoses include, but are not limited to: Neurological – seizures, head traumas, hydrocephalus, cerebral palsy, etc.

Alteration in oxygenation – This category encompasses any diagnosis that can result in the decrease of oxygenation to the brain or a decrease in oxygenation carrying ability of the red blood cells.

Alteration in oxygenation goes beyond respiratory diseases and may include dehydration, anemia, anorexia, syncope, etc.

Psych/Behavioral disorders can include mood disorders (depression, bi-polar) and impulsive control disorders.
Other diagnosis – Anything that does not fall into the other categories.

*Cognitive Impairment
- ☐ (3) Not aware of limitations
- ☐ (2) Forgets limitations
- ☐ (1) Oriented to ability

Cognitive Impairment References:

Not aware of limitations – Can be any age group and is dependent on understanding the consequences of their actions.

Forgets limitations – Can be any age group. The child has the ability to be aware of limitations, however due to factors such as age, diagnosis, current presenting symptoms, or current alteration in function (such as weakness or hypoglycemia) the child forgets their limitations.

Patient is at risk if Score is 12 or above. Score: _____

*Denotes Required Field

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

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Skin Integrity Assessment

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, or too young to ambulate

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

*Tissue Perfusion/ Oxygenation
- ☐ (1) Extremely compromised
- ☐ (2) Compromised
- ☐ (3) Adequate
- ☐ (4) Excellent

*Moisture
- ☐ (1) Constantly moist
- ☐ (2) Very moist
- ☐ (3) Occasionally moist
- ☐ (4) Rarely moist

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

*Friction and Shear
- ☐ (1) Significant problem
- ☐ (2) Problem
- ☐ (3) Potential problem
- ☐ (4) 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 ≤ 16. Initiate plan of care utilizing the Skin Assessment for Neonates and Children Policy.

*Denotes Required Field

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