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See Addendum ____________
### Patient Label

- **Height**: _________ kg
- **Dosing Weight**: _________ kg
- **Admission Weight**: _________ kg
- **Previous Day’s Weight**: _________ kg
- **Today’s Weight**: _________ kg
- **Diet**: ________________

### Fluids In

**Oral or Tube mL**

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### Fluids Out

**Urine mL**

**NG mL**

**Stool**

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**AM SHIFT**

### NEURO
- **Stimulus Response/Mood:**
  - [ ] NMBA
  - [ ] Spontaneous
  - [ ] Alert
  - [ ] Appropriate
  - [ ] Combative
  - [ ] Sedated
  - [ ] Lethargic
  - [ ] Stuporous
  - [ ] Unresponsive
  - [ ] Disoriented
  - [ ] Calm
  - [ ] Pleasant
  - [ ] Anxious
  - [ ] Withdrawn
  - [ ] Flat affect

- **Oriented to:**
  - [ ] Person
  - [ ] Place
  - [ ] Time
  - [ ] Situation

- **CAM ICU:**
  - [ ] Positive
  - [ ] Negative

- **Speech:**
  - [ ] Clear
  - [ ] Appropriate
  - [ ] Inappropriate
  - [ ] Slurred
  - [ ] Aphasic
  - [ ] Incomprehensible
  - [ ] None

- **Patient & Diagnosis of Stroke:**
  - [ ] Yes
  - [ ] No

- **Best Motor Response:**
  - [ ] Obey commands
  - [ ] Localizes to pain
  - [ ] Flex to pain
  - [ ] Extends to pain
  - [ ] Random
  - [ ] None

- **GCS:**
  - [ ] ________

- **Pupils:**
  - Right: [ ] mm
  - Reaction: [ ] Brisk
  - Left: [ ] mm
  - Reaction: [ ] Brisk

- **Ventriculostomy:**
  - [ ] Patent
  - [ ] Not Draining
  - [ ] Clear
  - [ ] Straw Color
  - [ ] Bloody
  - [ ] Set to Drain at...

- **ICP:**
  - [ ] Reference #______
  - [ ] Parenchymal

### CARDIOVASCULAR & SKIN
- **Heart Sounds:**
  - [ ] S1/S2
  - [ ] Other

- **Rhythm:**
  - [ ] Regular
  - [ ] Irregular

- **Edema:**
  - [ ] None
  - [ ] +1
  - [ ] +2
  - [ ] +3
  - [ ] +4

- **Peripheral Pulses:**
  - [ ] RUE____
  - [ ] LUE____
  - [ ] RLE____
  - [ ] LLE____

- **Comments:**
  - ________________________________

- **Skin:**
  - [ ] warm
  - [ ] Cool
  - [ ] Dry
  - [ ] Shiny
  - [ ] Moist

- **Color:**
  - [ ] Normal
  - [ ] Pale
  - [ ] Cyanotic
  - [ ] Mottled
  - [ ] Jaundiced

- **Turgor:**
  - [ ] Good
  - [ ] Fair
  - [ ] Poor

- **Capillary Refill:**
  - [ ] Brisk (<2 sec)
  - [ ] Prolonged (>2 sec)

- **Skin Integrity:**
  - [ ] Intact
  - [ ] Rash
  - [ ] Bruises
  - [ ] Pressure Sore
  - [ ] Laceration
  - [ ] Avulsion
  - [ ] Abrasion

### RESPIRATORY
- **Respirations:**
  - [ ] Normal
  - [ ] Labored
  - [ ] Shallow
  - [ ] Irregular
  - [ ] Asymmetrical

- **Breath Sounds:**
  - [ ] Clear
  - [ ] Equal
  - [ ] Decreased
  - [ ] Crackles
  - [ ] Rhonchi
  - [ ] Inspiratory Wheezes
  - [ ] Expiratory Wheezes

- **Location:**
  - ________________________________

- **Airway:**
  - [ ] Oral
  - [ ] Nasal
  - [ ] Trach
  - [ ] OET Tube

  - [ ] NET Tube
  - Tube Size: _____ Cm Mark:_____ 
  - O2 Admin:_____

- **Cough Effort:**
  - [ ] None
  - [ ] Productive
  - [ ] Non-productive
  - [ ] Spontaneous
  - [ ] Stimulated

- **Chest Tube:**
  - Location:__________________________
  - [ ] Suction____
  - [ ] Waterseal
  - [ ] Tidaling
  - [ ] Air Leak:
  - [ ] Yes
  - [ ] No

- **Drainage:**
  - [ ] Serosanguinous
  - [ ] Sanguinous
  - [ ] Serous
  - [ ] Comments:

### GASTROINTESTINAL/GENITOURINARY
- **Abdomen:**
  - [ ] Soft
  - [ ] Firm
  - [ ] Rigid
  - [ ] Tender
  - [ ] Flat
  - [ ] Distended

  - [ ] Girth:___________

- **GI Tube:**
  - [ ] NG
  - [ ] Gastric
  - [ ] PEG
  - [ ] PEJ
  - [ ] Enteral Tube
  - [ ] Clamped
  - [ ] Gravity
  - [ ] Constant Suction

  - [ ] Intermittent Suction
  - [ ] Placement Checked

- **Drainage:**
  - [ ] None
  - [ ] Brown
  - [ ] Black
  - [ ] Green
  - [ ] Yellow

  - [ ] Coffee Ground
  - [ ] Blood
  - [ ] Other

- **Stools:**
  - [ ] Continent
  - [ ] Incontinent
  - [ ] Rectal Bag
  - [ ] Colostomy
  - [ ] Ileostomy
  - [ ] No Stool
  - [ ] Formed
  - [ ] Loose

  - [ ] Hard
  - [ ] Tarry
  - [ ] Brown
  - [ ] Yellow/green
  - [ ] Bloody
  - [ ] Other:

- **Voiding:**
  - [ ] Continent
  - [ ] Incontinent

- **Drainage Devices:**
  - [ ] Foley
  - [ ] Condom Cath
  - [ ] S.P. Cath
  - [ ] 3-way

- **Urine:**
  - [ ] Clear
  - [ ] Cloudy
  - [ ] Sediment
  - [ ] Colorless
  - [ ] Light Yellow
  - [ ] Yellow
  - [ ] Amber
  - [ ] Red
  - [ ] Dark Amber

  - [ ] Clots
  - [ ] Green
  - [ ] Foul odor

### SAFETY
- [ ] Siderails up x _______
- [ ] Bed in lowest position
- [ ] Wheels Locked
- [ ] Call light within reach
- [ ] Ambu bag with flow meter
- [ ] Restraints
- [ ] 24 hour Supervision

### Comments:

**DATE:** ________
**TIME:** ____________
**NURSE SIGNATURE_______________________
# Adult Critical Care Flow Sheet

**PM Shift**

## Neuro

**Stimulus Response/Mood:**
- NMBA
- Spontaneous
- Alert
- Appropriate
- Combative
- Sedated
- Lethargic
- Stuporous
- Unresponsive
- Disoriented
- Calm
- Pleasant
- Anxious
- Withdrawn
- Flat affect

**Oriented to:**
- Person
- Place
- Time
- Situation

**CAM ICU:**
- Positive
- Negative

**Speech:**
- Clear
- Appropriate
- Inappropriate
- Slurred
- Aphasic
- Incomprehensible
- None

**Patient & Diagnosis of Stroke:**
- Yes
- No

**Best Motor Response:**
- Obey commands
- Localizes to pain
- Flex to pain
- Extends to pain
- Random
- None

**GCS:**

**Pupils:**
- Right ___ mm
- Left ___ mm

**Ventriculostomy:**
- Patent
- Not Draining
- Clear
- Straw Color
- Bloody
- Set to Drain at

**ICP:**
- Reference #______

**Comments:**

## Cardiovascular & Skin

**Heart Sounds:**
- S1/S2
- Other

**Rhythm:**
- Regular
- Irregular

**Edema:**
- None
- +1
- +2
- +3
- +4
- Location

**Peripheral Pulses:**
- RUE____
- LUE____
- RLE____
- LLE____

**Comments:**

**Skin:**
- warm
- Cool
- Dry
- Shiny
- Moist

**Color:**
- Normal
- Pale
- Cyanotic
- Mottled
- Jaundiced

**Turgor:**
- Good
- Fair
- Poor

**Capillary Refill:**
- Brisk (<2 sec)
- Prolonged (>2 sec)

**Skin Integrity:**
- Intact
- Rash
- Bruises
- Pressure Sore
- Laceration
- Avulsion
- Abrasion
- Other

**Location:**

**Skin:**
- warm
- Cool
- Dry
- Shiny
- Moist

**Location:**

**Comments:**

## Respiratory

**Respirations:**
- Normal
- Labored
- Shallow
- Irregular
- Asymmetrical

**Breath Sounds:**
- Clear
- Equal
- Decreased
- Crackles
- Rhonchi
- Inspiratory Wheezes
- Expiratory Wheezes

**Location:**

**Airway:**
- Oral
- Nasal
- Trach
- OET Tube
- NET Tube
- Tube Size: ___
- Mark:____
- O₂ Admin:

**Cough Effort:**
- None
- Productive
- Non-productive
- Spontaneous
- Stimulated

**Chest Tube:**
- Location:

**Location:**

**Air Leak:**
- Yes
- No

**Drainage:**
- Serosanguinous
- Sanguinous
- Serous
- Comments:

## Gastrointestinal/Genitourinary

**Abdomen:**
- Soft
- Firm
- Rigid
- Tender
- Flat
- Distended

**GI Tube:**
- NG
- Gastric
- PEG
- PEJ
- Enteral Tube
- Clamped
- Gravity
- Constant Suction
- Intermittent Suction
- Placement Checked

**Drainage:**
- None
- Brown
- Black
- Green
- Yellow
- Coffee Ground
- Blood
- Other

**Stools:**
- Continent
- Incontinent
- Rectal Bag
- Colostomy
- Ileostomy
- No Stool
- Formed
- Loose
- Hard
- Tarry
- Brown
- Yellow/green
- Bloody
- Other:

**Voiding:**
- Continent
- Incontinent

**Drainage Devices:**
- Foley
- Condom Cath
- S.P. Cath
- 3-way

**Urine:**
- Clear
- Cloudy
- Sediment
- Colorless
- Light Yellow
- Yellow
- Amber
- Red
- Dark Amber
- Clots
- Green
- Foul odor

**Comments:**

## Safety

- Siderails up x _______
- Bed in lowest position
- Wheels Locked
- Call light within reach
- Ambu bag with flow meter
- Restraints
- 24 hour Supervision

**DATE:**

**TIME:**

**NURSE SIGNATURE:**
## AU Medical Center
### Adult Critical Care Flow Sheet

**Date/Time: _________________________**

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<th>TIME</th>
<th>pH</th>
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<th>pO₂</th>
<th>HC0₃</th>
<th>BE</th>
<th>02 Sat</th>
<th>FiO₂</th>
<th>VT</th>
<th>Mode</th>
<th>Vent Rate</th>
<th>PEEP/CPAP</th>
<th>PS/PC</th>
<th>Pulse Ox</th>
<th>Na</th>
<th>K</th>
<th>Cl</th>
<th>CO₂</th>
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<th>Hgb</th>
<th>Hct</th>
<th>Platelets</th>
<th>PT</th>
<th>INR</th>
<th>PTT</th>
<th>ACT</th>
</tr>
</thead>
</table>

**EQUIPMENT:**
- Specialty Bed/Mattress
  - Type:  
- Cooling /Warming Blanket
- Heating Lamps
- Feeding Pump
- IV Pump x ______ Channels
- PCA Pump
- Epidural Pump
- Suction Canister Set(s) # ___ used
- Sequential Compression Device
- Balloon Pump
- Traction/Type:
- Transmission Based Precautions:
  - Vent:__________________________
  - Other:________________________
  - Other:________________________
  - Signature:_____________________
  - Date/Time:______________________

### Braden Risk Assessment

<table>
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<td>Sensory Perception (1-4)</td>
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<tr>
<td>Moisture (1-4)</td>
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<tr>
<td>Activity (1-4)</td>
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<td>Mobility (1-4)</td>
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<tr>
<td>Nutrition (1-4)</td>
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<tr>
<td>Friction &amp; Shear (1-3)</td>
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**Total Score**

*Score below 18 requires nursing intervention.*

**Signature:**_____________________

**Date/Time:**______________________

**Invasive Lines/Devices**

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<thead>
<tr>
<th>Type &amp; Site</th>
<th>Gauge/Size</th>
<th>Insert Date</th>
<th>D/C Date</th>
<th>Dressing</th>
<th>Tubing</th>
<th>Site Condition</th>
<th>Signature/Date/Time</th>
</tr>
</thead>
</table>

**Whole Blood Glucose (Expected Fasting Range) Adult:** 70-110 mg/dl
**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

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

* 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 \( \leq 18 \).

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

---

**Medications**

Current medications improving your condition/symptoms
- [ ] Yes
- [ ] No
- [ ] Poor/No historian
- [ ] Sedated (ICU only)

Current medications causing any side effects
- [ ] Yes
- [ ] No
- [ ] Other

What side effects are you having? ____________________________________________________________

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

_______________________________________  ________________ _________________
Signature/Title      Date   Military Time