

**AU MEDICAL CENTER  
CHILDREN'S HOSPITAL OF GEORGIA**

**NICU FLOW SHEET**

PATIENT LABEL

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY Military Time

Date: \_\_\_\_\_ DOL: \_\_\_\_\_  
Today's wt: \_\_\_\_\_ +/- \_\_\_\_\_  
Head cir.: \_\_\_\_\_ cm / length \_\_\_\_\_ cm  
Precautions: \_\_\_\_\_

**General:**  ID band  Fenwal  
**Skin:**  dry  warm  cool  intact  
 broken \_\_\_\_\_  
rash \_\_\_\_\_  
petechiae \_\_\_\_\_  
bruising \_\_\_\_\_  
**Other:** \_\_\_\_\_

**CARDIAC:**  
**Alarms:**  
HR limits: Hi \_\_\_\_\_ Low \_\_\_\_\_  on  
B/P: S \_\_\_\_\_ D \_\_\_\_\_ M \_\_\_\_\_

**Apical rhythm:** reg / irreg  
**Murmur:** +/- - **Precordium:** flat / active  
**Brachial pulses:** thready / normal / bounding  
**Femoral pulses:** thready / normal / bounding  
**Oral mucosa:** pink / pale / cyanotic  
**Nail beds:** pink / pale / cyanotic  
**Perfusion:** upper body: nl / ↓  
lower body: nl / ↓  
**Edema:**  None  nonpitting  
 pitting loc \_\_\_\_\_  
**Other:** \_\_\_\_\_

**NEURO-MUSCULAR SYSTEM:**  
**Ant. font:** soft/ flat / sunken / full / bulging  
**Suture lines:** nl / separated / overriding  
**Cry:** lusty / absent / weak  
**Suck:** absent / strong / weak  
**ROM:** upper: full / partial; lower: full / partial; active / passive;  
limitations \_\_\_\_\_  
**Other:** \_\_\_\_\_

**INTAKE/NUTRITION:**  
**Parenteral:**  N/A PIV / EDC; loc \_\_\_\_\_  
**Central:** type \_\_\_\_\_ loc \_\_\_\_\_  
extremity circumference \_\_\_\_\_  
**CVL pulses:** nl / weak / equal / unequal  **Leur locks** ✓/d  
**UVC:** @ \_\_\_\_\_ cm; **UAC:** @ \_\_\_\_\_ cm; waveform: good / dampened / flat  
 **PAL:** waveform - good / dampened / flat  
**Upper extremities:** pink / pale / cyanotic / warm / cool;  
**Lower extremities:** pink / pale / cyanotic / warm / cool;  
**Enteral:**  NPO int / cont; PO / G-tube / OG / NG / OD / ND;  
fdg tube# \_\_\_\_\_ Fr; △'d \_\_\_\_\_ date/time)  
**Other:** \_\_\_\_\_

**RESPIRATORY:**  
**Alarms:** limits: \_\_\_\_\_;  on; apnea;  20 sec  
**Oximeter alarm:** limits: \_\_\_\_\_  on  
**Trach:**  N/A care: \_\_\_\_\_ type \_\_\_\_\_ size \_\_\_\_\_  
**@Bedside:**  ambu bag  mask  suction on  
 extra trach  
**Chest tube dressing:**  N/A dry / wet; intact / loose;  
△'d \_\_\_\_\_ (date/time)  
**Other:** \_\_\_\_\_

**OUTPUT/ELIMINATION:**  
**Foley cath:**  N/A # \_\_\_\_\_ Fr; care done \_\_\_\_\_ am / pm  
**Inguinal hernia:**  N/A  R  L  
**Male testes:**  N/A R \_\_\_\_\_ L \_\_\_\_\_  
**Last stool:** \_\_\_\_\_ (date/time)  
**Ostomy:**  N/A stoma: pink / red / moist / dry  
**Type drain:**  N/A straight/suction: int / cont \_\_\_\_\_ mmHg;  
# \_\_\_\_\_ Fr; △'d \_\_\_\_\_ (date/time)  
**Other:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_  Agree  See focus note

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_  Agree  See focus note



FLWSHEET

Wt. + / -



Time	Nutrition		Res	Leur Lock	#1			#2			#3			#4			#5			Misc		
	Rt rate	vol inf			site assess	RATE	vol inf	site assess	RATE	vol inf	site assess	RATE	vol inf	site assess	RATE	vol inf	site assess	RATE	vol inf	site assess		
07																						
08																						
09																						
10																						
11																						
12																						
13																						
14																						
8T																						
15																						
16																						
17																						
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22																						
8T																						
23																						
24																						
01																						
02																						
03																						
04																						
05																						
06																						
8T																						
24T																						

**Enteral Nutrition:**  
 Vol total volume  
 Inf total received last hr  
 Res gastric residual  
**Rt:** PO nipple  
 OG orogastric  
 NG nasogastric  
 OD oroduodenal  
 ND nasoduodenal  
 GT gastrostomy

**Enteral Feeding:**  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 Feeding  $\Delta$ 'd \_\_\_\_\_  
 \_\_\_\_\_

**IV site:**  
 RA right arm  
 RL right leg  
 LA left arm  
 LL left leg  
 S scalp  
 EDC extended dwell catheter  
 PAL peripheral arterial line  
 UAC umbilical arterial catheter  
 UVC umbilical venous catheter  
 PICC Peripherally inserted central catheter  
 CVL cut down  
 BR broviac  
 FVL femoral venous line  
 FAL femoral arterial line

**IV site assessment:**  
 N no infiltration  
 R red  
 T tender  
 P puffy  
 W warm  
 D removed

**IV Fluids:**  
 #1 \_\_\_\_\_  
 #2 \_\_\_\_\_  
 #3 \_\_\_\_\_  
 #4 \_\_\_\_\_  
 #5 \_\_\_\_\_  
 Misc \_\_\_\_\_



\_\_\_/\_\_\_/\_\_\_ Military Time  
MM DD YY

DATE: WT: \_\_\_\_\_ kg

TIME	ELIMINATION					EMESIS		GI		SUCTION		PROCEDURES/TREATMENTS & SOCIAL	
	cc	STOOL amt char	abd cm	abd app	Bowel sounds	cc color	cc color	mode	color	amt	cons		
07													
08													
09													
10													
11													
12													
13													
14													
8T	cc/kg/hr											0700-1500 Sig.:	
15													
16													
17													
18													
19												1500-1900 Sig.:	
20													
21													
22													
8T	cc/kg/hr												
23												1900-2300 Sig.:	
24													
01													
02													
03													
04													
05													
06												2300-0700 Sig.:	
8T	cc/kg/hr											TOTAL In (incl. IV's)	TOTAL OUT
24T	cc/kg												

**Abdomen:**  
S soft  
F firm  
H hard  
rt rebound  
t tenderness

**Bowel sounds:**  
++ active  
+ hypoactive  
O none

**Stools:**  
B brown  
Y yellow  
G green  
Mc meconium  
S seedy  
M mushy  
F formed  
L liquid  
LO loose  
mu mucoid  
w watery

**Color:**  
C clear  
W white  
B beige  
Y yellow  
G green  
Bl bloody  
P pink

**Lung Secretions**  
**Consistency:**  
Th thick  
T thin  
F frothy

**Amount:**  
S small  
M moderate  
L large

**Suction mode:**  
T trach  
ET endotracheal  
NT nasotracheal  
NP nasopharyngeal  
N nasal  
O oral

**NICU FLOW SHEET**

Time	TEMPERATURE		VITAL SIGNS								RATE		OXYGENATION						BREATH SOUNDS	
	Ax skin	Isc Envir	Pain Score	Pain Therapy	Pain Relief	H R	Cuff	Mean	Central	Mean	Patient vent	Skin Color	M o d e	FiO2	Resp Effort	Re	O2 Sat	R	L	
07	/	/									/									
08	/	/									/									
09	/	/									/									
10	/	/									/									
11	/	/									/									
12	/	/									/									
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24	/	/									/									
01	/	/									/									
02	/	/									/									
03	/	/									/									
04	/	/									/									
05	/	/									/									
06	/	/									/									

**Pain Therapy:**  
H holding  
M medication  
P pacifier  
S swaddle  
S reposition

**Pain Relief:**  
0 none  
1 partial  
2 complete

**(Re) Retractions:**  
N none  
sl supraclavicular  
sp suprasternal  
it intercostal  
sc subcostal  
sb subcostal  
+ mild  
++ moderate  
+++severe

**Respiratory:**  
**Effort**  
G grunting  
Re retracting  
P periodic  
TC tachypneic

**Skin color:**  
P pink  
W pale  
D dusky  
M mottled  
B cyanotic  
J jaundice

**Breath Sounds:**  
S shallow  
F flaring  
N easy, unlabored  
O no spontaneous respirations

**Breath Sounds:**  
cc clear  
ro rhonchi  
r rales

↓ decrease  
↑ increase  
w wheezing  
= equal/Bilateral

**Mode:**  
ET Tube  
CPAP  
NC  
HFNC  
HFOV  
NIPPV  
T = Tracheotomy

**Location:**  
UL upper lobe  
ML middle lobe  
LL lower lobe  
O diffuse





**AM SHIFT**

**Neonatal Skin Condition Score**

				Score
<b>Dryness</b>	1. Normal, no sign of dry skin	2. Dry skin, visible scaling	3. Very dry skin, cracking/fissures	
<b>Erythema</b>	1. No evidence of erythema	2. Visible erythema (less than 50% body surface)	3. Visible erythema (equal or greater than 50% body surface)	
<b>Breakdown</b>	1. None evident	2. Small, localized areas	3. Extensive	
<b>Total:</b>				

- Gestational Age < 44 weeks - complete Neonatal Skin Risk
- Gestational Age > 44 weeks - complete Braden Q Scale

**Neonatal Skin Risk**

					Score
<b>Gestational Age</b>	4. less than 28 weeks	3. 28-33 weeks	2. 33-38 weeks	1. 38 weeks or greater	
<b>Mental Status</b>	4. Unresponsive to painful stimuli	3. Responds only to pain	2. Lethargic	1. Alert/active	
<b>Mobility</b>	4. Completely immobile	3. Very limited	2. Slightly limited	1. No limitations	
<b>Activity</b>	4. Radiant warmer with plastic wrap	3. Radiant warmer without plastic wrap	2. Isolette	1. Bassinette/crib	
<b>Nutrition</b>	4. Very poor		2. Probably adequate	1. Excellent	
<b>Moisture</b>	4. Constantly moist	3. Very moist	2. Occasionally moist	1. Rarely moist	
<b>Total:</b>					

**Braden Q Assessment**

Complete on admission and daily for all patients age 29 days to 9 years.

- |  |  |
|--|--|
| <p><b>*Sensory Perception</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (1) Completely limited</li> <li><input type="checkbox"/> (2) Very limited</li> <li><input type="checkbox"/> (3) Slightly limited</li> <li><input type="checkbox"/> (4) No impairment</li> </ul>        | <p><b>*Moisture</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (1) Constantly moist</li> <li><input type="checkbox"/> (2) Very moist</li> <li><input type="checkbox"/> (3) Occasionally moist</li> <li><input type="checkbox"/> (4) Rarely moist</li> </ul>                 |
| <p><b>*Activity</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (1) Bedfast</li> <li><input type="checkbox"/> (2) Chairfast</li> <li><input type="checkbox"/> (3) Walks occasionally</li> <li><input type="checkbox"/> (4) Walks frequently, or too young to ambulate</li> </ul> | <p><b>*Mobility</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (1) Completely limited</li> <li><input type="checkbox"/> (2) Very limited</li> <li><input type="checkbox"/> (3) Slightly limited</li> <li><input type="checkbox"/> (4) No limitations</li> </ul>             |
| <p><b>*Nutrition</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (1) Very poor</li> <li><input type="checkbox"/> (2) Probably inadequate</li> <li><input type="checkbox"/> (3) Adequate</li> <li><input type="checkbox"/> (4) Excellent</li> </ul>                               | <p><b>*Friction and Shear</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (1) Significant problem</li> <li><input type="checkbox"/> (2) Problem</li> <li><input type="checkbox"/> (3) Potential problem</li> <li><input type="checkbox"/> (4) No apparent problem</li> </ul> |
| <p><b>*Tissue Perfusion/Oxygenation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (1) Extremely compromised</li> <li><input type="checkbox"/> (2) Compromised</li> <li><input type="checkbox"/> (3) Adequate</li> <li><input type="checkbox"/> (4) Excellent</li> </ul>        | <p><b>*Skin Integrity Risk Score</b></p> <p>_____</p> <p>Add all checked items to obtain score</p>   |

The patient is at risk for skin breakdown when the Skin Integrity Risk Score is  $\leq 16$ . Initiate plan of care utilizing the Skin Assessment for Neonates and Children Policy.

\*Denotes Required Field

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



**PM SHIFT**

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- |                               |  |                            |  |
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CHILDREN'S HOSPITAL OF GEORGIA**

PATIENT LABEL

**NICU FLOW SHEET**

\_\_\_/\_\_\_/\_\_\_ Military Time  
MM DD YY

Date _____	TIME ►	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	
<b>APNEA/BRADY/DESAT</b>	Desaturation: Self-stimulated																									
	Desaturation: Tactile stim/repositioned																									
	Desaturation: Requiring ↑ FiO <sub>2</sub>																									
	Apnea (frequency )																									
	Bradycardia: Self-stimulated																									
	Bradycardia: Tactile stimulation																									
	Bradycardia: Requiring other intervention																									
<b>TREATMENT AND OBSERVATIONS</b>	Safety Measures / Fall Prevention																									
	CPT (see below)																									
	Activity																									
	Tone																									
	Check vent / O <sub>2</sub> therapy																									
	Reposition nasal prongs/mask																									
	SaO <sub>2</sub> Probe Site ▲																									
	Supplemental Humidity %																									
	Phototherapy on / type:																									
	Eye Mask On																									
	Eye Care																									
	Positioned Right (R) Left (L) Abdomen (A) Back (B)																									
	Bed Type																									
	NG / OG Tube ▲																									
	Check Feeding Tube Placement																									
	Gastrostomy Care																									
	Ostomy Bag ▲																									
	Oral Care																									
	Cord Care																									
	Bath / Skin Care																									
	Splints: On _____ / Off _____																									
	Continuous Feed ▲																									
	Wound Care / Dressing ▲ Site:																									

**Activity:**  
 ++ active  
 + active w/stim  
 --- limp  
 I irritable  
 SZ seizure  
 L lethargic  
 P paralyzed  
 S sleeping

**Tone:**  
 A appropriate  
 F flaccid  
 E exaggerated

**Bed Type:**  
 OB open bed  
 B bassinette  
 I isolette  
 C isolette/open bed combo

**Phototherapy:**  
 N neoblu  
 1 - single bank  
 2 - double bank  
 BB bilibed/biliblanket

**CPT:** Chest Physiotherapy

