

**DAILY FLOW SHEET**

**Key (All Columns)**  
 ★ - See narrative on back  
 ↓ - Continuation, status unchanged  
 Ø - Assessed, none present  
 WNL - Within normal limits  
 NA - Not applicable

DATE	HD	POD
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TIME	NEURO				CIRCULATION						RESPIRATORY			GI - GU - NG - DRAINS - SKIN						OTHER								
	Eye Orient	Verbal Motor	Speech	PUPILS R L	STRENGTH RUE LUE RLE LLE	JVD EDEMA	PULSES			SKIN COLOR TEMP.	TIME HEART RHYTHM/TONE	CAP REFILL (sec) HO- MAN SIGN	ANTIEM- BOLISM	RIGHT LUNG	RESPIRATORY EFFORT	INCENTIVE SPIROMETRY	ABDOMEN	STOOL FLATUS	EMESIS NAUSEA	URINE	SKIN INTEGRITY DRESSING INCISION	SKIN INTEGRITY DRESSING INCISION	TIME	ACTIVITY ASSISTANCE EQUIPMENT	PAIN SCALE (0-10)	TOILET	PSYCHO- SOCIAL	CARE- GIVER INITIALS
							LEFT LUNG	OX	COUGH																			
							DP R	PT R	Radial R																			

SAFETY / THERAPIES / HYGIENE				Fall Precautions Reassessment Scale			Braden Risk Assessment Scale						
Time	DAYS	EVES	NOCS	Time	DAYS	EVES	NOCS	Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction and shear
Bath / Foley Care				Mouth Care				4 - Completely Limited	2 - Very Limited	3 - Slightly Limited	4 - No Impairment		
Pericare				Precautions - Hip, Fall, Seizure, Aspiration, Neutropenic,				1 - Constantly Moist	3 - Occasional Moist	2 - Chairfast	3 - Walks Occasionally	4 - Walks Frequently	
Siderails x1, x2, x3, x4				Latex, Suicide, Elopement				1 - Bedfast	2 - Very Moist	1 - Completely Immobile	2 - Very Limited	3 - Slightly Limited	4 - No Limitations
Call light within reach				Isolation - Standard, Airborne, Contact, Droplet				2 - Probably Inadequate	3 - Adequate	2 - Probably Inadequate	3 - Adequate	4 - Excellent	
Special Mattress / Bed				See Flowsheet - Restraint, B-18 Pain Management, Diabetic, PICC, B-20 Orthostatic, I-2B Oximetry, Stool Emesis, B-1				1 - Very Poor	3 - No Apparent Problem	3 - No Apparent Problem			
Bed Alarm On				Anticoagulation, Bladder Residual, ADL, B-18.1 Altered Skin				1 - Problem	2 - Potential Problem				
Rounds Q								Total Score				15 or < Patient at risk for breakdown	Total Score

**EYE OPENING RESPONSE**

4 - Spontaneous  
 3 - To verbal command  
 2 - To pain  
 1 - No response

**ORIENTATION**

4 - Place/date/time/person  
 3 - Partial  
 2 - Inconsistent response  
 1 - Disoriented/inappropriate  
 0 - Unable to communicate

**BEST VERBAL RESPONSE**

5 - Oriented  
 4 - Confused conversation  
 3 - Inappropriate words  
 2 - Incomprehensible sound  
 1 - No response

**BEST MOTOR RESPONSE**

6 - Obeys verbal commands  
 5 - Localizes to pain  
 4 - Normal flexion (withdrawal)  
 3 - Abnormal flexion  
 2 - Extension  
 1 - No response

**SPEECH**

C - Clear  
 Slr - Slurred  
 EA - Expressive aphasia  
 RA - Receptive aphasia  
 N - No speech  
 I - Intubated

**PUPILS**

Bsk - Brisk  
 Slg - Sluggish  
 NR - Nonreactive

**STRENGTH**

4 - Hypertonicity  
 3 - Strong/Normal  
 2 - Fair  
 1 - Attempts  
 0 - Absent

**JVD**

↑ - Distended  
 ↓ - Normal

**EDEMA**

4 - Easily identified depression beyond 30 sec  
 3 - Easily identified depression up to 30 sec  
 2 - Easily identified depression up to 15 sec  
 1 - Barely perceptible depression after 5 sec  
 0 - after 5 sec  
 None - edema present

**PULSES**

4 - Hyperdynamic  
 3 - Normal  
 2 - Weak present  
 1 - Weak thready  
 0 - Absent  
 D - Doppled

**SKIN/COLOR/TEMP/COND**

Norm - Normal  
 P - Pink  
 Pl - Pale  
 F - Flushed  
 R - Ruddy  
 Du - Dusky  
 Cy - Cyanotic  
 Mf - Mottled

J - Jaundiced  
 W - Warm  
 C - Cool  
 D - Dry  
 Di - Diaphoretic  
 fl - Flaky  
 R - Rash

**HEART TONES**

R - Regular  
 Irreg - Irregular  
 Ru - Rub  
 Mur - Murmur  
 Fa - Faint  
 dim - Diminished

**CAP REFILL**

<3 Less than 3 sec  
 >3 Greater than 3 sec

**ANTIEMIBOLISM**

T - Ted  
 J - Jobst  
 S - SCD  
 BK - Below Knee  
 TH - Thigh  
 R - Right  
 L - Left  
 B - Bil  
 AVI - AV Impulse

**LUNG SOUNDS**

Cl - Clear  
 dim - Diminished  
 insp - Inspiratory  
 exp - Expiratory  
 Cr - Crackles  
 W - Wheezes  
 rh - Rhochi  
 ru - Rub  
 Crp - Crepitus

**O2 MODE**

NC - Nasal Cannula  
 fm - Face Mask  
 Trachm - Trach mask  
 ff - Face Tent

**COUGH**

S - Strong  
 wk - Weak  
 H - Harsh  
 con - Congested  
 prod - Productive  
 nprod - Nonproductive  
 TCDB - Turn, cough & deep breathe

**ASSISTANCE**

SB - Stand by assistance  
 MIN, MOD, MAX  
 x1 - w/1 assistant  
 x2 - w/2 assistants  
 I - Independent  
 S - Supervised

**SPUTUM**

Sux - Suction  
 fm - Face Mask  
 Wh - White  
 Y - Yellow  
 gm - Green  
 Fr - Frothy  
 bf - Blood tinged  
 Tck - Thick, tenacious  
 Tn - Thin

**ABDOMEN**

Bowel Sounds

4 - Hyperactive  
 3 - Normal  
 2 - Hypoactive  
 1 - Distant  
 0 - Absent

CV - Concave  
 F - Flat  
 Rnd - Round  
 dis - Distended

**TOILETING**

BR - Bathroom  
 BSC - Beside commode  
 BP - Bed pan  
 A - Attends  
 U - Urinal

**SKIN INTEGRITY DRESSING/INCISION**

cl - Clear  
 cldy - Cloudy  
 Ru - Rusty  
 FO - Foul Odor  
 Dy - Dysuria  
 Vdg - Voiding  
 Inc - Incontinent  
 Con - Continent  
 F - Foley Catheter  
 IC - Intermittent Catheter  
 SP - Suprapubic Catheter  
 CC - Condom Cath

**URINE**

cl - Clear  
 cldy - Cloudy  
 Ru - Rusty  
 FO - Foul Odor  
 Dy - Dysuria  
 Vdg - Voiding  
 Inc - Incontinent  
 Con - Continent  
 F - Foley Catheter  
 IC - Intermittent Catheter  
 SP - Suprapubic Catheter  
 CC - Condom Cath

**EMESIS**

Proj - Projectile  
 gm - Green  
 Y - Yellow  
 Wh - White  
 cl - Clear  
 cofgrd - Coffee Ground

**PALPATION**

Sf - Soft  
 Fm - Firm  
 Td - Tender

**RESPIRATORY EFFORT**

U - Unlabored  
 S - Shallow  
 SOB - Short of Breath  
 DOE - Dyspnea on Exertion  
 AM - Use of accessory muscles  
 V - Ventilator  
 E - Even

**Fall Precautions Reassessment Scale**

Cognition	4 - Disoriented	7 - Impulsive/Unpredictable				
History of Falls/mobility	7 - Fall within 24 hours	2 - Fall within last month	2 - Hypotension/syncope/dizzy	1 - Ambulates with assistive device	7 - Unsteady gait	
Impairments	1 - Decreased vision	1 - Decreased hearing	1 - Aphasia/language barrier	1 - Sensory deficit	1 - LE weakness	2 - Ages 65+
Elimination	1 - Nocturia	1 - Urgency/Frequency	1 - Incontinence			
Medications	2 - Narcotics/sedatives	1 - Antihypertensives	1 - Anticonvulsants			
No safety risk factors listed						
Initiate FP if Score 7 or >						Total Score

**Braden Risk Assessment Scale**

Sensory Perception	1 - Completely Limited	2 - Very Limited	3 - Slightly Limited	4 - No Impairment
Moisture	1 - Constantly Moist	2 - Very Moist	3 - Occasionally Moist	4 - Rarely Moist
Activity	1 - Bedfast	2 - Chairfast	3 - Walks Occasionally	4 - Walks Frequently
Mobility	1 - Completely Immobile	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	
15 or < Patient at risk for breakdown				Total Score

**PSYCHOSOCIAL**

Ag - Agitated  
 cnf - Confused  
 rstl - Restless  
 NC - Non compliant  
 ref - refused treatment  
 wdr - Wandering  
 del - Delirium  
 Pl/c - Pleasant, Cooperative

hal - Hallucinations  
 sto - Striking out  
 Ins - Inability to sleep  
 In - Inappropriate behavior  
 Othr - Other  
 Assl - Assultive  
 Dlu - Delusion  
 Par - Paranoid  
 Dem - Demanding

hxl - Hallucinations  
 Anx - Anxious  
 Sui - Suicidal  
 Irr - Irritable