



EXTENDED HOUR NURSING FLOW SHEET

Professional Resource Network

Name: _____	Date: _____	Time In: _____	Time Out: _____	Total hours: _____
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Emergency Equipment Check
 Care Plan // MD Orders Checked
 AmbuBag / Extra Trach on site
 Infection Control Kit / Micro Shield
 Last Date DME Equipment Check _____

Weight _____ lbs oz. _____ kg.

NEUROLOGICAL

Verbal Non Verbal Oriented Alert Agitated Confused
 Lethargic Sedated Comatose Semi-Comatose
 Appropriate for Age: Yes No
 Tone: Active Flaccid Jittery Rigid
 Fontanel: Flat Soft Sunken Tense Bulging N/A
 Reflexes Present: Suck Gag Grasp Startle Blink
 N/A Other: _____
 Seizure Activity: Yes No See Seizure Record
 Moves Extremities: Upper Right Upper Left
 Lower Right Lower Left

RESPIRATORY

Regular Labored Shallow Grunting Panting Mild
 Nasal Flaring Retractions Abdominal Deep
 Breath Sounds: Clear Rales Rhonchus Diminished
 Wheeze Inspiratory Expiratory
 If other then clear indicate lobe or lobes adventitious breath sounds auscultated: _____
 Cough: None Productive Non-Productive
 Secretions: N/A
 Amount: Small Moderate Large
 Consistency: Thin Thick Tenacious Frothy
 Color: Clear White Yellow Green
 Blood Tinged Frank Bleeding Tan
 Apnea Monitor Alarm Setting: High _____ Low _____ Delay _____
 Pulse Oximetry: Continual Intermittent
 Oxygen: _____ L/min Via: NC Mask Trach
 Intermittent Continual Other: _____

RESPIRATORY CARE

Tracheostomy Type: _____ Size: _____ Cuffed Uncuffed
 Date last changed: _____
 Changed by: RN MD Other _____
 Trach. Care: ½ strength H₂O₂ + H₂O NS Warm soapy H₂O
 Technique: Clean / Aseptic Sterile
 Trach. Ties changed
 Inner Cannula Changed: _____ (Date) using Clean
 Sterile technique
 Trach. Site: Dry Intact Redness Excoriation Drainage
 Intervention: MD notified RN notified Supervisor
 Other _____

VENTILATOR Type: _____ Rate: _____ CPAP: rate _____
 N/A TV: _____ PEEP: _____ PIP: _____
 Alarm Checked-Audible / Set At: _____ High _____ Low _____
 Hrs. / Day on Ventilator _____

SKIN CONDITION See Wound Care Flow Sheet

Intact Clear Peeling Rash No S/S Infection
 Wound/Decubitus site: _____ Size: _____
 Drainage: _____ Type of Dressing: _____
 Wound Care: _____ Stage: _____

NUTRITIONAL ASSESSMENT

Diet: NPO Regular Restricted / Type: _____
 Breast Formula-Type: _____ Other: _____
 Amount: _____ Frequency: _____
 Fluids: Restriction No Restriction
 Nutritional Screening Risk: LOW MED HIGH
 Appetite: Good Fair Poor
 Blood Sugar _____ N/A

CARDIOVASCULAR

Heart Tones: Strong Regular Irregular Murmur
 Other: _____
 Color: Pink Flushed Pale Dusky Cyanotic Jaundiced
 Skin Temp: Warm Cool Cold Diaphoretic Clammy Hot
 Edema: No Yes Site: _____
 LUE LLE RUE RLE
 Capillary Refill: Less than 2 seconds Greater than 3 seconds
 LUE LLE RUE RLE
 Peripheral Pulses: Strong Bounding Weak Thready
 Doppler Absent Other: _____
 LUE LLE RUE RLE

HEAD (Circle R for RIGHT and L for LEFT)

Face: Symmetrical Asymmetrical
 Ears: Unremarkable Low R L Other: _____
 Eyes: Cornea: Clear R L Opaque R L
 Sclera: White R L Jaundiced R L Hemorrhage R L
 Nose: Patent Other: _____
 Mouth: Unremarkable Other: _____

MUSCULO-SKELETAL

Full ROM Limited ROM
 Comments: _____
 Contractures Reposition q 2 hours

GASTROINTESTINAL

Abdomen: Soft Tense Flat Distended
 Bowel Sounds: Present Hyper Hypo Absent
 Feeding Tube: N/A NG J Tube G Tube Mickey Button
 Feeding Tube Care: ½ strength H₂O₂ + H₂O Warm soapy H₂O NS
 Other _____ Tube Size _____
 Flushes: Solution _____ Amount _____ Frequency _____
 GT Site: Dry Intact Redness Excoriation

GENITO-URINATRY

Unremarkable Discharge Circumcised
 Bladder Frequency: _____
 Urine: Color _____ Odor: Yes No Appearance: _____
 Foley Cath Suprapubic Intermittent

INTRAVENOUS

Access: N/S Peripheral CVL PICC Port
 Other: _____ Location: _____
 Sol. Admin _____ @ _____ ml/hr
 @ _____ ml/hr
 @ _____ ml/hr

Date to change Dressing: _____

Site Condition: Intact Without Redness or Swelling
 Dressing Changed using: Sterile Aseptic technique Transparent
 Other: _____
 Bag Changed Tubing Changed Cap Change
 Date to change peripheral IV: _____
 Irrigated / Flushed with: _____
 Labs: N/A Tests: _____
 Site Used: _____
 Labs taken to: _____ or picked up by: _____

