2610486

ADULT EXTENDED HOUR NURSING FLOW SHEET

Name: | Client No.: | Date:

INTRAVENOUS ☐ N/A ☐ Peripheral ☐ Central Line ☐ PICC ☐ Port ☐ Other: ____

Sol. Admin: ____ @ ____ ml/hr
____ @ ____ ml/hr
____ @ ____ ml/hr

Site: ____ Condition: ____

☐ Bag Changed ☐ Tubing Changed ☐ Cap Changed
☐ Dressing Changed using: ☐ Sterile ☐ Aseptic technique
Dressing Type: ☐ Transparent ☐ Gauze
Date to change peripheral IV: ____ Date to change Dressing: ____
☐ Pump ____ (Type)
☐ Gravity ____ drips per min.
Irrigated / Flushed with: ____
Peripheral site changed to: ____
Labs: ☐ N/A Tests: ____
Site used: ____ Taken to: ____
Picked up by: ____

PHYSICIAN NOTIFICATION ☐ N/A
☐ MD Called Time: ____ Spoke with: ____
To report: ____
☐ No new orders ☐ Orders received ☐ MD to call back
☐ Report given to ER MD/Nurse upon transfer or admission

PATIENT EDUCATION
☐ Night Shift / teaching not appropriate ☐ PCG not available
Topic: ____
Taught to: ☐ Patient ☐ Family ☐ Pcg. ☐ Other: ____
Method: ☐ Discussion ☐ Demo ☐ Handout ☐ Video
Pt./Pcg. Response: ____
Level of Understanding: ☐ Good ☐ Fair ☐ Poor ☐ Needs Reinforcement
Eval. Method: ☐ Verbal ☐ Return Demo
Need for further teaching: ☐ Yes ☐ No
Caregiver Lacks knowledge of: ☐ Equip. ☐ Therapies ☐ Disease process ☐ Medications ☐ Diet

☐ Discharge Planning Reviewed ☐ N/A at this time
Consults Needed: ____

INTAKE RECORD	Oral	Tube Feed	Flush	Misc.		OUTPUT RECORD	Urine	Stool	Blood	Emesis	Other
Time:					Total Hr.	Time:					
Total:						Total:					

NURSING DOCUMENTATION / SHIFT SUMMARY:

☐ Reported off to: ☐ Pt. Left in care of:

Nurse Signature: ____ RN / LPN-LVN (circle one)

Pt. / Pcg. Signature: ____ Reviewed by: ____