

**McLaren Flint**  
FLINT, MICHIGAN 48532

**CRITICAL CARE FLOW SHEET**

Date -

BP					Pulse				Resp.				SpO <sub>2</sub>	FIO <sub>2</sub>	Temp	SG							
Hour	00	15	30	45	00	15	30	45	00	15	30	45				00	15	30	45	00	15	30	45
07																							
08																							
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06																							

PT.

MR.#/RM.

DR.



700A

**McLaren Flint**  
FLINT, MICHIGAN 48532

**CRITICAL CARE FLOW SHEET**

Date -

Yesterday's Date:	Intake	Wt.
	Output	

Hour	Intake							Output			IVS + Blood - BS	
	CVP	PWP	SVR	PVR	C.O.	Cl.	PO/ NG	IV/ HYP	Blood	Urine	N/G	
07												
08												
09												
10												
11												
12												
13												
14												Signature
15												
16												
17												
18												
19												
20												
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22												Signature
23												
24												
01												
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03												
04												
05												
06												Signature

24  
I & O

PT.

MR.#/RM.

DR.

**McLaren Flint**  
FLINT, MICHIGAN 48532  
**CRITICAL CARE FLOW SHEET**

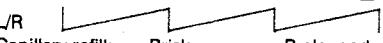
Date:

1st Shift

Date:

2nd Shift

**CARDIOVASCULAR**

- Arterial Pulses Radial  DP  PT  Palpated \_\_\_\_\_ Doppled \_\_\_\_\_  
L/R   
Capillary refill: Brisk Prolonged Seconds Monitor Alarm Check  Limits \_\_\_\_\_
- Venous Edema: \_\_\_\_\_
- Heart Sounds Rhythm \_\_\_\_\_ PR \_\_\_\_\_ QRS \_\_\_\_\_
- Peripheral IV's Insert date \_\_\_\_\_ Tubing Change \_\_\_\_\_  
Redness  Swelling  Patent  IV Pumps \_\_\_\_\_
- Arterial line: R  L  Radial  Femoral   
Insert date: Tubing chg. Drsg. chg. aspirates \_\_\_\_\_
- Swan Ganz/CVC R  L  Subclav  Jugular  Femoral   
Site descrip.: CM. mark \_\_\_\_\_  
Insert date: Tubing chg. Drsg. chg.  
Type of SG/CVC \_\_\_\_\_
- IABP: Settings Site Description \_\_\_\_\_

**RESPIRATORY**

- Chest excursion: Symmetrical  Asymmetrical
- Respirations: No distress  Dyspnea/labored  Resp. tx. \_\_\_\_\_  
Use of accessory muscles
- Cough: \_\_\_\_\_ Productive for \_\_\_\_\_ Non-productive \_\_\_\_\_
- Breath sounds:
- Endotube  R  L  C  Cm mark \_\_\_\_\_ Trach  Size \_\_\_\_\_ Care done
- Chest drainage system: Thoraseal  Drainage: \_\_\_\_\_  
Fluctuating  Bubbling  Cm suction R  L
- O2  Mode \_\_\_\_\_ Liter Flow \_\_\_\_\_  
Vent  TV \_\_\_\_\_ Mode \_\_\_\_\_ FIO2 \_\_\_\_\_ RATE \_\_\_\_\_ PEEP \_\_\_\_\_ PS \_\_\_\_\_
- Sxng Freq. \_\_\_\_\_ Secretions: \_\_\_\_\_

**GASTROINTESTINAL**

- Abdomen: Soft  Firm  Hard  Distended  cm Girth \_\_\_\_\_
- Bowel sounds: Normal  Hyper  Hypo  Absent
- NG  Feed tube  R  L  to SX  Clamped  TF
- NG drainage: Color: \_\_\_\_\_ Position
- Tube fdg.  Type \_\_\_\_\_ Rate \_\_\_\_\_  
Residual  q 4 hr.  cc \_\_\_\_\_ Tol.  Not tol.
- Stool Character \_\_\_\_\_
- Diet Type: Atc: 100-50%  50%  25%

**GENITOURINARY**

- Urine descrip.: \_\_\_\_\_
- Voiding: Continent  Incontinent  Catheter  Care done

**SKIN AND MUCOUS MEMBRANES**

- Skin turgor: \_\_\_\_\_ 2. Color: Normal  Pale  Cyanotic  Jaundiced
- Temp.: Warm  Cool  Clammy  Diaphoretic
- Skin integrity \_\_\_\_\_

- AM/PM care Mouth care Position chg. \_\_\_\_\_ Bath \_\_\_\_\_  
Braden ADM: Wed:
- Activity: BR  Dangle  Chair  AMB \_\_\_\_\_

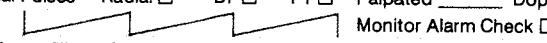
SAFETY: Fall Program  Side Rails UP **NEUROLOGICAL**

- Neuro Sheet: Yes  No  GCS: \_\_\_\_\_ (up to 15)  
Eyes: \_\_\_\_\_ Pupil Size mm  $\odot$   $\oplus$  (up to 10)  
Motor \_\_\_\_\_ Verbal \_\_\_\_\_ Anxiety Lo Med High

**Pain Scale** 0 - 10

Time	0800	1200	1600	2000	2400	0400
Location						
Scale						

**Nursing Signatures****LABS****CARDIOVASCULAR**

- Arterial Pulses Radial  DP  PT  Palpated \_\_\_\_\_ Doppled \_\_\_\_\_  
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- Heart Sounds Rhythm \_\_\_\_\_ PR \_\_\_\_\_ QRS \_\_\_\_\_
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Redness  Swelling  Patent  IV Pumps \_\_\_\_\_
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Site descrip.: CM. mark \_\_\_\_\_  
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- Endotube  R  L  C  Cm mark \_\_\_\_\_ Trach  Size \_\_\_\_\_ Care done
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Fluctuating  Bubbling  Cm suction R  L
- O2  Mode \_\_\_\_\_ Liter Flow \_\_\_\_\_  
Vent  TV \_\_\_\_\_ Mode \_\_\_\_\_ FIO2 \_\_\_\_\_ RATE \_\_\_\_\_ PEEP \_\_\_\_\_ PS \_\_\_\_\_
- Sxng Freq. \_\_\_\_\_ Secretions: \_\_\_\_\_

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Braden ADM: Wed:
  - Activity: BR  Dangle  Chair  AMB \_\_\_\_\_

- SAFETY: Fall Program  Side Rails UP
- NEUROLOGICAL**
- Neuro Sheet: Yes  No  GCS: \_\_\_\_\_ (up to 15)  
Eyes: \_\_\_\_\_ Pupil Size mm  $\odot$   $\oplus$  (up to 10)  
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**Pain Scale** 0 - 10

Time	0800	1200	1600	2000	2400	0400
Location						
Scale						

**Nursing Signatures****LABS****STANDARDS: SCP Critical Path:**

- |   |                                     |                                     |                                     |  |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Card Mntr      | <input type="checkbox"/> GI Intub   | <input type="checkbox"/> CC Vent.   | <input type="checkbox"/> Pain Mgmt. | <input type="checkbox"/> Anticoagulant |
| <input type="checkbox"/> Hemo Mntr      | <input type="checkbox"/> GU Intub   | <input type="checkbox"/> O2 Therapy | <input type="checkbox"/> Anxiety    | <input type="checkbox"/> Anticoagulant |
| <input type="checkbox"/> Skin Integrity | <input type="checkbox"/> Immobility | <input type="checkbox"/> IV Therapy | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Pain Mgmt.    |
| <input type="checkbox"/> Immobility     | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> PT.        | <input type="checkbox"/> DR.        | <input type="checkbox"/> MR./RM.       |

STANDARDS: SCP Critical Path:

- Card Mntr  GI Intub  CC Vent.  Pain Mgmt.  Anticoagulant  
 Hemo Mntr  GU Intub  O2 Therapy  Anxiety   
 Skin Integrity  Immobility  IV Therapy  Chest Pain

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**CRITICAL CARE FLOW SHEET**

Date: \_\_\_\_\_

3rd Shift

**CARDIOVASCULAR**

1. Arterial Pulses Radial  DP  PT  Palpated \_\_\_\_\_ Doppled \_\_\_\_\_  
L/R \_\_\_\_\_ Monitor Alarm Check  Limits \_\_\_\_\_  
Capillary refill: Brisk Prolonged Seconds \_\_\_\_\_  
Anti-Embolism Device \_\_\_\_\_
2. Venous Edema: \_\_\_\_\_
3. Heart Sounds Rhythm \_\_\_\_\_ PR \_\_\_\_\_ QRS \_\_\_\_\_
4. Peripheral IV's Insert date \_\_\_\_\_ Tubing Change \_\_\_\_\_  
Redness  Swelling  Patent  IV Pumps \_\_\_\_\_  
R  L  Radial  Femoral   
Insert date: Tubing chg. Drsg. chg. \_\_\_\_\_  
Site descrip.: aspirates \_\_\_\_\_
5. Arterial line: R  L  Subclav.  Jugular  Femoral   
Site descrip. CM. mark \_\_\_\_\_
6. Swan Ganz/CVC R  L  Subclav.  Jugular  Femoral   
Site descrip. CM. mark \_\_\_\_\_
7. IABP: Settings Site Description \_\_\_\_\_

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6. Chest drainage system: Thoraseal  Drainage: \_\_\_\_\_  
Fluctuating  Bubbling  Cm suction R  L
7. O<sub>2</sub>  Mode \_\_\_\_\_ Liter Flow \_\_\_\_\_  
Vent  TV \_\_\_\_\_ Mode \_\_\_\_\_ FIO<sub>2</sub> \_\_\_\_\_ RATE \_\_\_\_\_ PEEP \_\_\_\_\_ PS \_\_\_\_\_
8. Sxng Freq. \_\_\_\_\_ Secretions: \_\_\_\_\_

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Activity: BR  Dangle  Chair  AMB \_\_\_\_\_  
SAFETY: Fall Program  Side Rails UP

**NEUROLOGICAL**

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Eyes: Pupil Size \_\_\_\_\_ mm  $\odot$  \_\_\_\_\_  $\odot$  (up to 10)  
Motor Verbal \_\_\_\_\_ Anxiety Lo Med High \_\_\_\_\_

Pain Scale 0 - 10					
Time	0800	1200	1600	2000	2400
Location					
Scale					

Nursing Signatures \_\_\_\_\_

LABS

STANDARDS:	SCP	Critical Path:
<input type="checkbox"/> Card Mntr	<input type="checkbox"/> Immobility	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Hemo Mntr	<input type="checkbox"/> CC Vent.	<input type="checkbox"/> Chest Pain
<input type="checkbox"/> Skin Integrity	<input type="checkbox"/> O <sub>2</sub> Therapy	<input type="checkbox"/> Anticoagulant
<input type="checkbox"/> GI Intub	<input type="checkbox"/> IV Therapy	<input type="checkbox"/>
<input type="checkbox"/> GU Intub	<input type="checkbox"/> Pain Mgmt.	<input type="checkbox"/>

PT.

MR.#/RM.

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FLINT, MICHIGAN 48532  
**CRITICAL CARE FLOW SHEET**  
**NURSES NOTES**

Date:

## **INTRAHOSPITAL TRANSFER SUMMARY**

Time \_\_\_\_\_ Transferred from \_\_\_\_\_ to \_\_\_\_\_ Family notified: Yes \_\_\_\_\_ No \_\_\_\_\_

Level of consciousness: Alert \_\_\_\_\_ Confused \_\_\_\_\_ Lethargic \_\_\_\_\_ Unresponsive \_\_\_\_\_

Treatments or Equipment: IV \_\_\_\_\_ Tube Feeding \_\_\_\_\_ Foley \_\_\_\_\_ Dressing \_\_\_\_\_ Other \_\_\_\_\_

**Wound Status:** \_\_\_\_\_

**Comments:**

**SENT WITH PATIENT:**

Medication & MAR      Patient Classification Profile      Bedside Chart

Divided Chart       Kardex       Old Chart

#### Personal Belongings

**Method of Transportation:**      W/C      Bed      S

Report Called to: \_\_\_\_\_, R.N.

Report Given by: \_\_\_\_\_, R.N.

PT

AB #/RM

80017148  
Rev. 4/10  
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**McLaren Flint**  
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**CRITICAL CARE FLOW SHEET**  
**NURSES NOTES**

Date:

PT

MB #/RM

DB