



Yesterday's Date:	Intake	Wt.
	Output	

**CRITICAL CARE FLOW SHEET**

Date -

Hour	CVP	PWP	SVR	PVR	C.O	CI	Intake			Output			IVS + Blood - BS
							PO/NG	IV/HYP	Blood	Urine	N/G	CT	
07													
08													
09													
10													
11													
12													
13													
14													
													Signature
15													
16													
17													
18													
19													
20													
21													
22													
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23													
24													
01													
02													
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 \_\_\_\_\_ Monitor Alarm Check  Limits \_\_\_\_\_  
Capillary refill: Brisk \_\_\_\_\_ Prolonged \_\_\_\_\_ Seconds \_\_\_\_\_
- Venous Edema: \_\_\_\_\_ Anti-Embolism Device \_\_\_\_\_
- 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. \_\_\_\_\_  
Site descrip.: \_\_\_\_\_ 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 \_\_\_\_\_
- Sxing 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: \_\_\_\_\_ Ate: 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 @ \_\_\_\_\_ (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**

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Vent  TV \_\_\_\_\_ Mode \_\_\_\_\_ FIO2 \_\_\_\_\_ RATE \_\_\_\_\_ PEEP \_\_\_\_\_ PS \_\_\_\_\_
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**Nursing Signatures**

**LABS**

**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

**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

PT.

MR./RM.

DR.

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

Date: \_\_\_\_\_ 3rd Shift

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**Pain Scale** 0 - 10

Time	0800	1200	1600	2000	2400	0400
Location						
Scale						

**Nursing Signatures**

**LABS**

**STANDARDS:**

- |   |   |  |
|---|---|--|
| <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"/>               |

**SCP**

**Critical Path:**

PT.

MR.#/RM.

DR.



