

**NURSING CHARGES  
DOWNTIME SLIP**



Patient Name \_\_\_\_\_

Patient FIN Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Nursing Charge Description		Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time
<b>Lines, Tubes, and Drains</b>	Central Line Insertion						
	Arterial Line Insertion						
	Swan Ganz Insertion						
	Arterial Venous Line Insertion						
	Intra-Aortic Balloon Pump Insertion						
	Intra-Aortic Balloon Pump Removal						
	Nasal or Oral Gastric Tube Insertion						
	Urinary Catheter Insertion						
	Straight Catheterization						
	3-Way Urinary Catheter Insertion						
	Chest Tube Insertion						

<b>Dialysis and CRRT</b>	Hemodialysis Treatment						
	Non-Hemo Dialysis Charges – Initial (first documentation of the day): <b>CRRT and Peritoneal</b>						
	Non-Hemo Dialysis Charges – Subsequent <b>CRRT and Peritoneal</b>						

<b>Procedure I Sedation</b>	Sedation Start Time (FIRST dose only)						
	Sedation Stop Time						
	Sedation Total Time (minutes)						

<b>Blood</b>	Blood Administration Charge						
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Date of Birth \_\_\_\_\_

Nursing Charge Description	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time
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<b>Extended Recovery</b>	Extended Recovery Start Time						
	Extended Recovery Stop Time						
	Extended Recovery Total Hours: Minutes						

<b>Bedside Procedures</b>	Lumbar Puncture						
	Bone Marrow Biopsy/Aspiration						
	Thoracentesis						
	Paracentesis						
	Abscess Incision & Drainage						
	Closed Reduction						
	Bronchoscopy						

<b>Patient Care Supplies</b>	Targeted Temperature Management						
	Orthopedic/Preventive Devices – Collar Brace, or Sling (specify which one)						
	Wound Vac Placement						
	Wound Vac Canister						
	Incentive Supply Charge						

<b>OTHER Nursing Charge: Specify Below</b>						