



FLINT

ASSESSMENTS/INTERVENTIONS
Downtime

Date _____

Time	Assessments/Interventions Downtime	Signature
	Neurological <input type="checkbox"/> WNL <input type="checkbox"/> Neurological Flowsheet/NIH Stroke Scale	
	Respiratory <input type="checkbox"/> WNL	
	Cardiovascular <input type="checkbox"/> WNL	
	Gastrointestinal <input type="checkbox"/> WNL	
	Renal/Urinary <input type="checkbox"/> WNL <input type="checkbox"/> CAPD Record	
	Musculoskeletal WNL Neurovascular Flowsheet	
	Skin <input type="checkbox"/> WNL	



PT.

MR.#/RM.

DR.



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	Incisions/Wounds	
	Reproductive WNL	
	Psychosocial <input type="checkbox"/> WNL <input type="checkbox"/> Restraint Flowsheet	
	Peripheral Lines	
	Invasive Lines	
	Pain <input type="checkbox"/> PCA Flowsheet	
	Activities/Daily Living	

PT.

MR./RM.

DR.