

NICU FLOW SHEET

Date :		Time :		Date of Birth :									
Reason for admission				Birth Weight :									
Height:		Weight:		Assigned Nurses:									
Abd.girth : A= B= C=		Head Circumference:		Shift A:	Initials:								
				Shift B:	Initials:								
Allergies: ()				Shift C:	Initials:								
Precaution :													
VITAL SIGNS			RESPIRATORY THERAPY										
			Endotracheal Size _____			Mark _____							
Time	Bp	Heart Rate	Temperature-body	O2 Sat.	Pain Score	Respiratory Rate	Respiratory Picture ^a	Ventilation Mode ^a	Rate	PEEP	FIO2	I:E Ratio	Inspiration Press
7													
8													
9													
10													
11													
12													
Pml													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
Aml													
2													
3													
4													
5													
6													
Ventilation Mode			Ventilation Mode			Respiratory Picture							
M - mask			CMV			Gr-grunting							
B - box			SIMV			F-flaring							
I - incubator			CPAP			R-retractions							
MV - mandatory Ventilation			A/C			A-abdominal							
N/C - Nasal Cannula													

BLOOD WORK

BLOOD GAS							Blood Chemistry							Hematology						
Time	Blood gas type*	PH	PaCO2	PACO2	HCO3	BE	Glucose	Urea	Creatinine	Na+	Ca+	K+	Mg	CRP	Hemoglobin	WBC	Plate Count	Bili-direct	Bili-Total	
7																				
8																				
9																				
10																				
11																				
12																				
Pml																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
AmI																				
2																				
3																				
4																				
5																				
6																				

NURSING CARE*

Time	Time

care

- T-top/tial
- C-cord
- O-oral
- E-eye
- N-Nose
- D-dressing change
- S-skin

blood gas type

- C-capillary
- A-arterial
- V-venous

INTAKE											OUTPUT						
Time	Blood Transfusion	IV-1	IV-2	IV-3	IV-4	IV Cumulative	N-G feeding	Oral	Oral cumulative	Aspirate & return	Blood specimen	Urine	Vomit	NGT drainage	ETT aspirate	Other	Stool*
7																	
8																	
9																	
10																	
11																	
12																	
Pml																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
AmI																	
2																	
3																	
4																	
5																	
6																	
A shift																	
B shift																	
C shift																	
Total 24 h																	
Total In						Total Out					Balance						
Key: signs & symptoms (S/S) of infection: 0=None Rd = redness Sw = swelling T= tenderness W = warmth Drainage description (desc) : 0=None 1 = serous 2 = pus 3 = bloody Drains : 0=None Ct = chest tube L = Lumbar A=Abdomen																	
Incisions		N/A			N/A			N/A									
	S/S inf.	Drainage desc	Drsg.	S/S inf.	Drainage desc	Drsg.	S/S inf.	Drainage desc	Drsg.	S/S inf.	Drainage desc	Drsg.					
Incisions 1																	
Incisions 2																	
Incisions 3																	
drains		N/A			N/A			N/A									
Incisions site :no S/S of Infection (drains: see Key)	S/S inf.	Drainage desc	Drsg.	S/S inf.	Drainage desc	Drsg.	S/S inf.	Drainage desc	Drsg.	S/S inf.	Drainage desc	Drsg.					
1.																	
2.																	
3.																	
4.																	

Daily assessment	8am	2pm	5pm	10pm	12MN	6am		8am	2pm	5pm	10pm	12MN	6am
INTEGUMENT													
Cord - ABSENT							Breathing shallow						
CORD-Dry							Breathing normal						
CORD-moist							Breathing deep						
CORD-draining							Breath sounds - clear						
Blood - Cord							Muscles - normal						
Ecchymosis							Muscles - accessory						
Petechiae							GASTRO INTESTINAL						
Skin warm							Abdomen - soft						
Skin dry							Abdomen - firm						
Skin moist							Abdomen - distended						
edema							Bowel sound - present						
NEUROLOGICAL							Bowel sound - absent						
Cry-NONE							Sucking problem						
Cry-NORMAL							Feeding - good						
Cry-weak							Feeding - poor						
Movement spontaneous							CARDIAC						
Movement stimulated							Pulse regular						
Reflexes*							Pulse irregular						
Movement - none							URINARY						
LOC*							Bladder Distention						
Muscles-rigid							Urine - clear						
Muscles-flaccid							Urine - cloudy						
Muscles-normal							Urine - red						
Termors							Urine - brown						
Seizures							STOOL						
Fontanelle-normal							Blood						
Fontanelle depressed							Mucus						
Fontanelle - tense							Water						
PULMONARY							Bile						
Expansion Equal							Position*						
Air entry Bilateral							Suction*						
Air entry Unilateral							Pulses*						
Other:							Skin color*						
							<input type="checkbox"/> Out of incubator						
suction	Level of (LOC)	reflexes	Skin color	pulses	Position	stool							
1- thin	Consciousness	A-active	P - pink	S- strong	R-Right	Y-yellow							
2- thick	A-Alert	W-weak	Pa-pale	W- weak	L-Left	B-bloody							
c-clear	R-Restless	B-absent	D-dusky	a- absent	S-Supine	G-green							
w-white	S-Sleepy		M-mottled	t-tachycardia	F-Prine	Br-green							
y-yellow	U-Unconscious		J-jaundiced	b-bradycardia	F-Fowlers	1. Watery							
g-green	I-irritable			n-normal	T-trendelevurg	2. Loose							
Bl-bloody					Fl-flat	3. Well formed							
Br-brown					Ss-Semi sitting	4. Hard							

Key	Y-Yes					N-No					C - Complete					P - Partial								
<i>Activity / safety instructions: write an intervention is appropriate, if intervention not Application Write NA</i>																								
	07	08	09	10	11	12	1pm	2	3	4	5	6	7	8	9	10	11	12	1pm	2	3	4	5	6
Bath: <input type="checkbox"/> partial <input type="checkbox"/> complete																								
Oral hygiene (Yes,No)																								
Change position (Yes,No)																								
Aspiration (Yes,No) precautions: <input type="checkbox"/> HOB + 30/45 <input type="checkbox"/> Nothing Liquids																								
Seizure (Yes,No) precautions: <input type="checkbox"/> O2 / suction at beside <input type="checkbox"/> ↑ side rails <input type="checkbox"/> airway																								
Suction as (Yes,No) Directed																								
O2 therapy (Yes,No)																								
Ostomy care (Yes,No)																								
Foley catheter Care (Yes,No)																								
CPT (Yes,No)																								
Others:																								

IV FLUIDS & FEEDING

1		6	
2		7	
3		8	
4		9	
5		10	

STAT MEDICATION

1		6	
2		7	
3		8	
4		9	
5		10	

FLACC PAIN SCALE (Fac, Legs, Cry, Consol ability)

Face	0 No Particular expression or smile	1 Occasional grimace or frow, with downturn, disinterested	2 Frequent or constant frown, clenched jaw, squinting, tear.
Legs	0 Normal position or relaxed	1 Uneasy, restless, tense	2 Kicking or legs down & up
Activity	0 Lying quietly, normal position moves easily	1 Squirming shifting back & forth, tense	2 Arched, rigid, or jerking
Cry	0 No cry (awake or asleep)	1 Moans or whimpers, occasional complaint	2 Crying steadily, screams or sobs, frequent complaints
Consol ability	0 Content, relaxed	1 Reassured by occasional touching, hugging, or talking to, distracted	2 Difficult to console or comfort

