

FLOW RECORD

NAME:

#:

Month:

BASELINE VITALS: Temp:

Pulse:

Resp:

B/P:

O2 Sats:

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
VITALS	Temperature																																		
	Pulse																																		
	Respirations																																		
	B/P																																		
	Weight																																		
	Menses (H,M,L)																																		
	O ₂ Sat																																		
%MEALS	Breakfast																																		
	Lunch																																		
	Dinner																																		
	Snacks																																		
G.I.	Suppository																																		
	Enema																																		
	BM	Nite																																	
		Day																																	
		Eve																																	
	Days without BM																																		
	Last Void	Nite																																	
		Day																																	
	Eve																																		
Vomitus																																			
TRIGGERS	Coughing w/ struggle (N)																																		
	Wet Vocal Quality																																		
	Watery Eyes																																		
	Other																																		
	Coughing w/ struggle (D)																																		
	Wet Vocal Quality																																		
	Watery Eyes																																		
	Other																																		
	Coughing w/ struggle (E)																																		
	Wet Vocal Quality																																		
	Watery Eyes																																		
	Other																																		

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
G-TUBE	Residual - Days																																
	Residual - Days																																
	Residual - Eves																																
	Residual - Eves																																
	Date Replaced																																
SKIN	Absn/Scrch -Nites																																
	Bruise -Nites																																
	Other -Nites																																
	Absn/Scrch -Days																																
	Bruise -Days																																
	Other -Days																																
	Absn/Scrch -Eves																																
	Bruise -Eves																																
	Other -Eves																																
	Other																																
ORAL CARE	Suction	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
	Swabg	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
	Toothbrushing	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
	Nurse/Supv Initials																																
	(N) DSP* Initials																																
	(D) DSP Initials																																
	(E) DSP Initials																																

Signatures

KEY CODE						
Y=Yes, N=No,		H=Heavy menses flow		BM Codes		Triggers
√=Task completed and within normal limits	Highlight=Nurse	M=Moderate menses flow		I=Soft, XL=Extra Large, M=Medium		mark #
*DSP=Direct		L=Light menses flow		L=Large, X=Liquid, H=Hard		
Body Part Abbreviation						
AD-Abdomen	LS-Lt. Shoulder	TO-Toes	RH-Rt. Hand	RE-Rt. Eye	HF-Head	HR-Right Hip
LH-Left Hand	RL-Right Leg	RG-Rt. Ankle	BU-Buttocks	LL-Lt. Leg	LA-Lt. Arm	LE-Left Eye
BK-Back	LK-Lt. Knee	RA-Rt. Arm	PE-Penis	RF-Rt. Foot	LB-Lt. Elbow	GE-Genitalia
RW-Rt. Wrist	FI-Fingers	RR-Rt. Ear	LW-Lt. Wrist	NE-Neck	CH-Chest	LR-Lt. Ear
CN-Chin	TG-Tongue	HL-Lt. Hip	RK-Rt. Knee	LF-Lt. Foot	RT-Rt. Breast	LI-Lips
LG-Lt. Ankle	RS-Rt. Shoulder	NO-Nose	FA-Face	LT-Lt. Breast	MT-Mouth/Teeth	

Outreach Services of Indiana

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