FLOW RECORD

Resident: **Resident #:** **Month:**

		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																															
	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/Sctch -Nites																															
	Bruise -Nites																															
	Other -Nites																															
	Absn/Sctch -Days																															
	Bruise -Days																															
	Other -Days																															
	Absn/Sctch -Eves																															
	Bruise -Eves																															
	Other -Eves																															
	Other																															
ORAL CARE	Suction																															
	Swab																															
	Eve. Nurse Initials																															
	Nite DST Initials																															
	Day DST Initials																															
	Eve. DST Initials																															

Signatures

KEY CODE

Y=Yes, N=No,

√=Task completed and within normal limits

*=See IPN

Highlight=Nurse

H=Heavy menses flow

M=Moderate menses flow

L=Light menses flow

BM Codes

I=Soft, XL=Extra Large, M=Medium

L=Large, X=Liquid, II=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	