FLOW RECORD INSTRUCTIONS

Direct Support Professionals (DSP)

Vitals
Record Monthly/Daily on Flow Record.
Use Vital Sign Record or Daily Note if any vital signs are taken more frequently than daily.

Meals
Record % of Meals/Snacks eaten and fluid intake.

G.I.
BM (Bowel Movement)
Use Bristol Stool Formation Scale or
Utilize following codes:
I- soft           M- medium
II- hard          L- large
X- liquid         XL- extra large

Days without BM
Last Void/Urination (time)
Vomitus – Y for yes; N for no

Skin
Redness, Abrasion/Scratch, Bruise or open area – Document location on Flow Record using
Body Part Abbreviation found at bottom of tracking sheet.
Size, location and appearance documented daily in Daily Notes until resolved

Oral Care
Suction Tooth-brushing – Check mark for completion
Oral Swab – Check mark for completion
Tooth-brush – Check mark for completion

Triggers
If none, put dash (-) in space
N-non corrected; if non-corrected trigger occurs more than once, also put number (ie., N4)
C-corrected

Supervisor/House Manager
Must initial each Flow Record after review of data. Do appropriate follow-up as indicated.