N ////////////////////////////////////													
K													
E Cumulative Total IN:													
		$\angle \angle$											
P ////////////////////////////////////													
Bristol Stool Score: (Document in NN if abnormal)													
Cumulative Total OUT:													
	balance:												
INTRAVENOUS INITIATION: 24 hour balance: Other Measurements: 24 hour balance:													
Time Insertion Site Catheter Size # of Attempts Signature (For example: height, abdominal girth, head circumference, photometer, peak flows) Previous 24 hour	Previous 24 hour balance:												
ADMISSION PREVIOUS 24 HR		kg kg											

TOD	AV'S	WF	GHT

kg

kg

Strike a line through any assessment data to indicate that it does not apply or has not been assessed Assessment Time: Initials: Check boxes 🗹 to indicate assessment findings. **PSYCHOSOCIAL / BEHAVIORAL** CARDIOVASCULAR HYDRATION AFFECT/MOOD **BREATH SOUNDS** PERIPHERAL COLOUR **CHEST MOVEMENT CENTRAL COLOUR** Central edema present: 🗌 Yes 🗌 No Peripheral edema present: Yes No Pink Pale Mottled Pink Pale Mottled Happy Calm Clear to bases Anxious Equal & adequate Withdrawn Upset Irritable Flushed Crackles Jaundiced Flushed Jaundiced Skin turgor: Elastic Poor See Nurses' Notes Flat RML RLL RUL Other Other Skin: Dry Diaphoretic **CHEST DRAINAGE DEVICE** Mental Health Status Exam Throughout See Nurses' Notes See Nurses' Notes Mucous membranes: 🗌 Moist 🗌 Dry Wheezes: N/A See Nurses' Notes PERIPHERAL APICAL PULSE See Nurses' Notes Inspiratory Expiratory Insitu: Chest tube TEMPERATURE RESPIRATORY Location: Blake drain Regular Irregular FONTANELLE N/A
 RML
 RLL

 LLL
 Throughout
 RUL Pigtail Warm to: Extremities Murmur Respirations even and unlaboured Closed Flat & soft LUL Other Site: Mediastinal RUL RML Other Respiratory distress: Full/bulging Sunken Stridor Grunting Mild Moderate Severe RLL See Nurses' Notes See Nurses' Notes See Nurses' Notes Referred upper airway sounds Nasal flaring _ cm H₂O suction Cough: Dry Loose Tracheal tug Underwater seal Vorma PERIPHERAL PULSES Head bobbing Productive Drainage is: Not Nasal congestion Sanguinous Serous Serous Chylous Indrawing: Sanguinous Intercostal 🗌 Subcostal See Nurses' Notes Left radial/ulnar/brachial Substernal Air leak: Yes No **AIR ENTRY** Right radial/ulnar/brachial Abdominal breathing See Nurses' Notes Scalene contractions Left femoral/D pedis/P tibialis/popliteal See Nurses' Notes Right femoral/D pedis/P tibialis/popliteal out See Neurovascular assessment record MUSCULO-SKELETAL GASTROINTESTINAL GENITOURINARY ABDOMEN **REPRODUCTIVE** N/A GASTRIC TUBE N/A BLADDER GAIT Flat Rounded Soft Self-voiding 🗌 Diaper Menses at present Steady Unsteady Insitu Not observed Distended Shiny Catheter: Size Firm Locatio See Nurses' Notes Intermittent Continuous Tenderness: _Q Туре Ambulatory/Walker Wheelchair Length See Nurses' Notes Guarding Tube placement verified pH See Nurses' Notes URINE 🗌 N/A Straight drainage Intermittent suction See Nurses' Notes

В	0	N	E	LS	5	
_	_					

Last bowel movement See stool chart

Equal to bases Decreased to: RUL RML RLL LUL LUL Throughout See Nurses' Notes
BOWEL SOUNDS Present Absent Location of bowel sounds: RUQ LUQ RLQ LLQ See Nurses' Notes
See Nurses Notes NUTRITION Oral ad lib Necessity Notes Necessity Necessi

Meal Plan

See Nurses' Notes

DEVICES N/A Traction Cast Splint Brace Other

☐ Ostomy site Drainage: ☐ Yes ☐ No ☐ See Nurses' Notes	FEEDING □ N/A Continuous □ Bolus Intermittent qh See Nurses' Notes	SES NULES	Hematuria: Slight Moderate Marked See Nurses' Notes	See Nurses' Notes
INTEGUMENT Skin clear Bruising Petechiae Rash Location See Nurses' Notes PHOTOTHERAPY N/A Start dateType Irradiance See Nurses' Notes MUCOUS MEMBRANES Phink Intact Lesions Painful Drooling Stomatitis/Mucositis Grade See Nurses' Notes	DRESSINGS N/A Site: Dry & intact VAC continuous/intermittent at mm Hg See Nurses' Notes DRAINAGE N/A Fresh Old Sanguinous Serous Serosanguinous Purulent None See Nurses' Notes DRAIN N/A Insitu Location Type	QUALITY CHECKS & SCORES Indicate completed check with a ✓ and Alarms on & reviewed Identification Band on Allergy Band on Bedside Safety Check Violence Prevention Screen Patient plan of care updated Falls Risk Assessment score Family orientation / Education to area / Diagnosis Seizure chart	insert actual score into box Braden Q Score Mobility Activity Sensory Perception Moisture Friction & Shear Nutrition Tissue Perfusion Total Score	PERSONAL SAFETY PRECAUTIONS None Suicidal Elopement Siderails Up Other Violence Prevention Care Plan insitu See Nurses' Notes SAFETY ISOLATION: Yes Droplet & contact Droplet Droplet & contact Airborne Airborne Airborne & contact
A	Time	Strike a line through	ugh any assessment data to indicate that it doe	es not apply or has not been assessed

Open barrel

Intermittent

Dilute

Colour:

Concentrated

Clear Cloudy Amber

Assessment

PSYCHOSOCIAL / BEHAVIORAL

AFFECT/IVIC		
Happy Withdrawn	Calm	Anxious
Mental Hea		am
See Nurses	' Notes	

RESPIRATORY

Respirations even and unlaboured Respiratory distress: Mild Moderate Severe Nasal flaring Tracheal tug Head bobbing Indrawing: Intercostal Subcostal Substernal Abdominal breathing Scalene contractions See Nurses' Notes

GASTROINTESTINAL

ABDOMEN Flat Soft Rounded Distended Shiny Firm Tenderness: Guarding See Nurses' Notes

BOWELS

Last bowel movement See stool chart Ostomy site Drainage: Yes No

See Nurses' Notes

INTEGUMENT

Skin clear Bruising Petechiae Rash Location

See Nurses' Notes

PHOTOTHERAPY N/A Start date Type Irradiance See Nurses' Notes

MUCOUS MEMBRANES

Pink Intact Lesions Painful Drooling Stomatitis/Mucositis Grade See Nurses' Notes

BREATH SOUNDS Clear to bases Crackles RLL RUL RML LLL Throughout Wheezes: □ Inspiratory □ Expiratory Location: RML RLL LLL Throughout Stridor Grunting Referred upper airway sounds Cough: Dry Loose Productive Nasal congestion See Nurses' Notes **AIR ENTRY**

Time:

Equal to bases Decreased to: RUL RML RLL Throughout See Nurses' Notes

BOWEL SOUNDS

- Present Absent Location of bowel sounds: See Nurses' Notes
- NUTRITION Oral ad lib Breastfeeding NPO Nausea Vomiting Meal Plan See Nurses' Notes FEEDING N/A Continuous Bolus

Intermittent q h See Nurses' Notes

DRESSINGS N/A

Site Drv & intact VAC continuous/intermittent at mm Hg See Nurses' Notes DRAINAGE 🗌 N/A

Fresh Old Sanguinous Serous Serosanguinous Purulent None See Nurses' Notes

DRAIN 🗌 N/A 🗌 Insitu

Location _____ Туре

CHEST MOVEMENT

Initials:

Clamped

Con Nurson' Notor

Continuous

Suction:

Equal & adequate See Nurses' Notes **CHEST DRAINAGE DEVICE** N/A

See Nurses' Notes

Insitu

Location

Туре

Length

Clamped

See Nurses' Notes

Continuous

Suction:

GASTRIC TUBE 🗌 N/A

Tube placement verified pH

Straight drainage Intermittent suction

Alarms on & reviewed

Identification Band on

Bedside Safety Check

Violence Prevention Screen

Patient plan of care updated

Falls Risk Assessment score

Family orientation / Education to area / Diagnosis

Allergy Band on

Seizure chart

Open barrel

Intermittent

QUALITY CHECKS & SCORES

Indicate completed check with a \checkmark and insert actual score into box

Insitu: Chest tube Pigtail Site: Mediastinal RUL RML RLL LUL LLL cm H₂O suction Underwater seal Drainage is: Sanguinous Serous Serosanguinous Chylous Air leak: Yes No

Jaundiced Flushed Other Other See Nurses' Notes PERIPHERAL TEMPERATURE Warm to: Extremities Murmur Other Other See Nurses' Notes See Nurses' Notes PERIPHERAL PULSES Left radial/ulnar/brachial Right radial/ulnar/brachial

Check boxes 🗸 to indicate assessment findings.

Pink Pale Mottled

CARDIOVASCULAR

CENTRAL COLOUR

PERIPHERAL COLOUR Pink Pale Mottled Jaundiced Flushed See Nurses' Notes APICAL PULSE Regular Irregular

ses

Nur

HYDRATION

🗌 Yes 🗌 No Central edema present: Peripheral edema present: Yes No Skin turgor: Elastic Poor Skin: Dry Diaphoretic Mucous membranes: Moist Dry See Nurses' Notes

FONTANELLE N/A Closed Flat & soft

Full/bulging Sunken See Nurses' Notes

Right femoral/D pedis/P tibialis/popliteal See Neurovascular assessment record

Left femoral/D pedis/P tibialis/popliteal

GENITOURINARY BLADDER Self-voiding Diaper Catheter: Size Intermittent Continuous See Nurses' Notes URINE 🗌 N/A Dilute Concentrated Colour: Clear Cloudy Amber Yellow Other Hematuria: Slight Moderate Marked See Nurses' Notes

Braden Q Score

Sensory Perception

Friction & Shear

Tissue Perfusion

Total Score

Mobility

Activity

Moisture

Nutrition

REPRODUCTIVE N/A Menses at present See Nurses' Notes

MUSCULO-SKELETAL GAIT Steady Unsteady Not observed Ambulatory/Walker Wheelchair See Nurses' Notes DEVICES N/A Traction Cast Splint Brace

Other See Nurses' Notes

PERSONAL SAFETY PRECAUTIONS

None Suicidal Elopement Siderails Up Other Violence Prevention Care Plan insitu See Nurses' Notes

SAFETY



See Nurses' Notes

Signatures & Initials

ABBRE	VIATIONS						
BiPAP	Bilevel Positive Airway Pressure	L	Left	N	No	RLL	Right Lower Lobe
°C	Degrees Celsius	LLL	Left Lower Lobe	NA	Not Applicable	RLQ	Right Lower Quadrant
cm	Centimeter(s)	LLQ	Left Lower Quadrant	NG	Nasogastric	RML	Right Middle Lobe
CPAP	Continuous Positive Airway Pressure	LUL	Left Upper Lobe	NJ	Nasojejunal	RUL	Right Upper Lobe
EVD	External Ventricular Drain	LUQ	Left Upper Quadrant	NN	Nurses' Notes	RUQ	Right Upper Quadrant
GT	Gastrostomy Tube	M	Mask	NP	Nasal Prongs	VAC	Vacuum Assisted Closure
HFNP	High Flow Nasal Prongs	MAP	Mean Arterial Pressure	qh	Every hours	Y	Yes

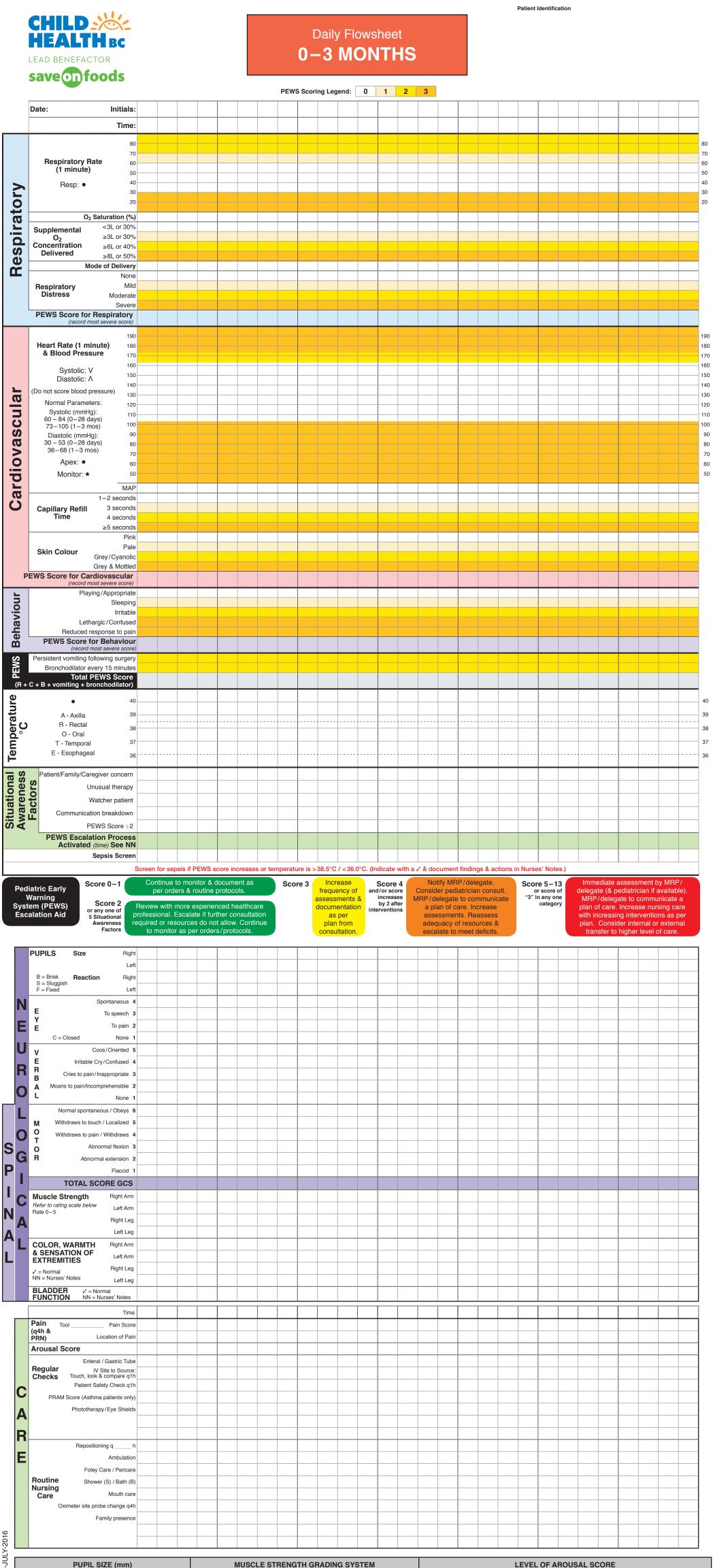
	JI	Jejunostomy tube	mL	Milliliters	R	Right	
[kg	Kilograms	MRP	Most Responsible Physician	RA	Room Air	





PATIENT IDENTIF

ATION

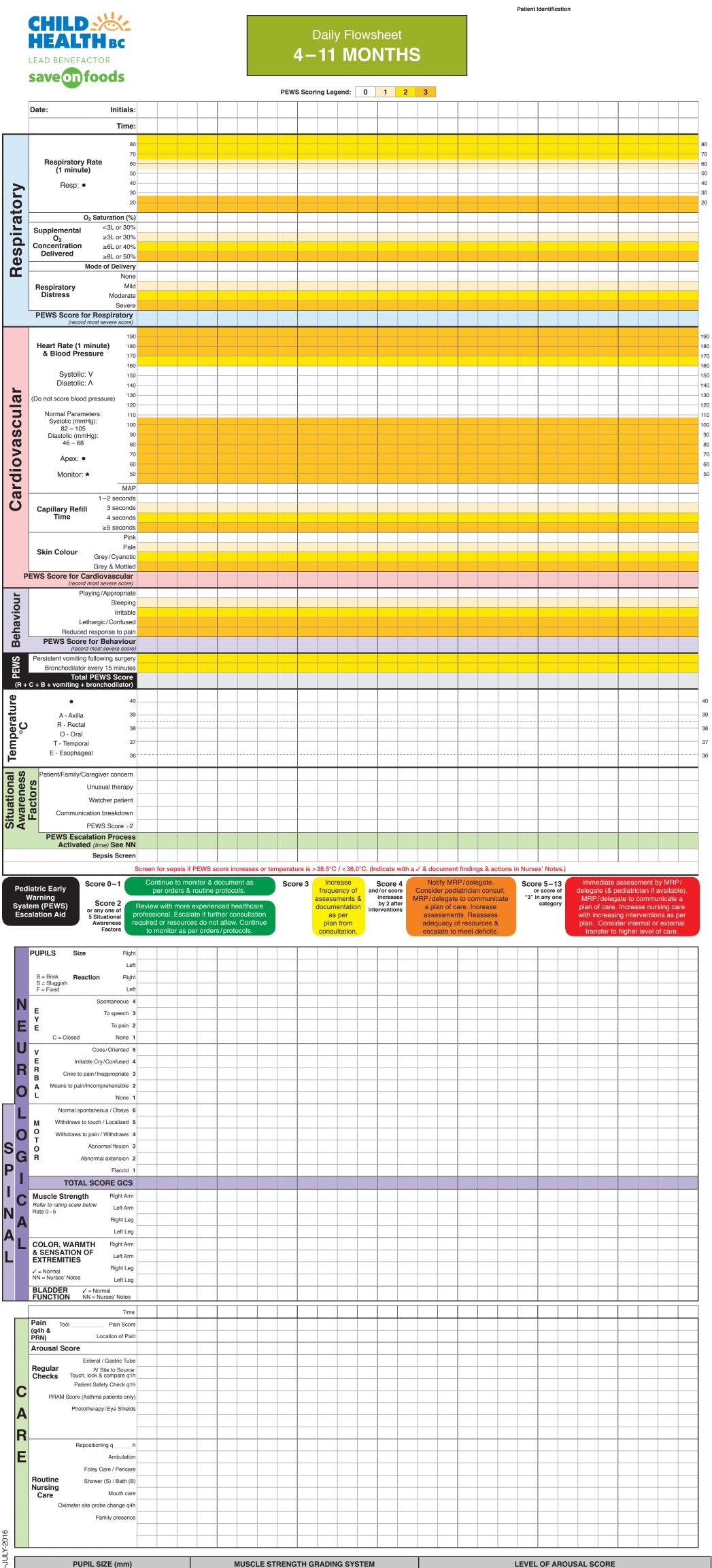


- (mm)		MUSCLEST	RENG	H GRADING SYSTEM	LEVEL OF AROUSAL SCORE								
	1			Maximum and according a supplier built	- 1	2	2	4	F				

									0/5	No movement	3/5	wovernent overcoming gravity, but		2		4	5
33									0/0		0/0	not against resistance					Does Not
0864	•	•	•						1/5	Trace movement	4/5	Movement overcoming gravity & some resistance	Awake & Alert, Oriented	Normal Sleep, Easy to Arouse to Verbal	Difficult to Arouse to Verbal	Responds Only to Physical	Respond to Verbal
CH 00	1	2	3	4	5	6	7	8	2/5	Movement only (not against gravity)	5/5	Normal strength against resistance		Stimulation	Stimulation	Stimulation	or Physical Stimulation







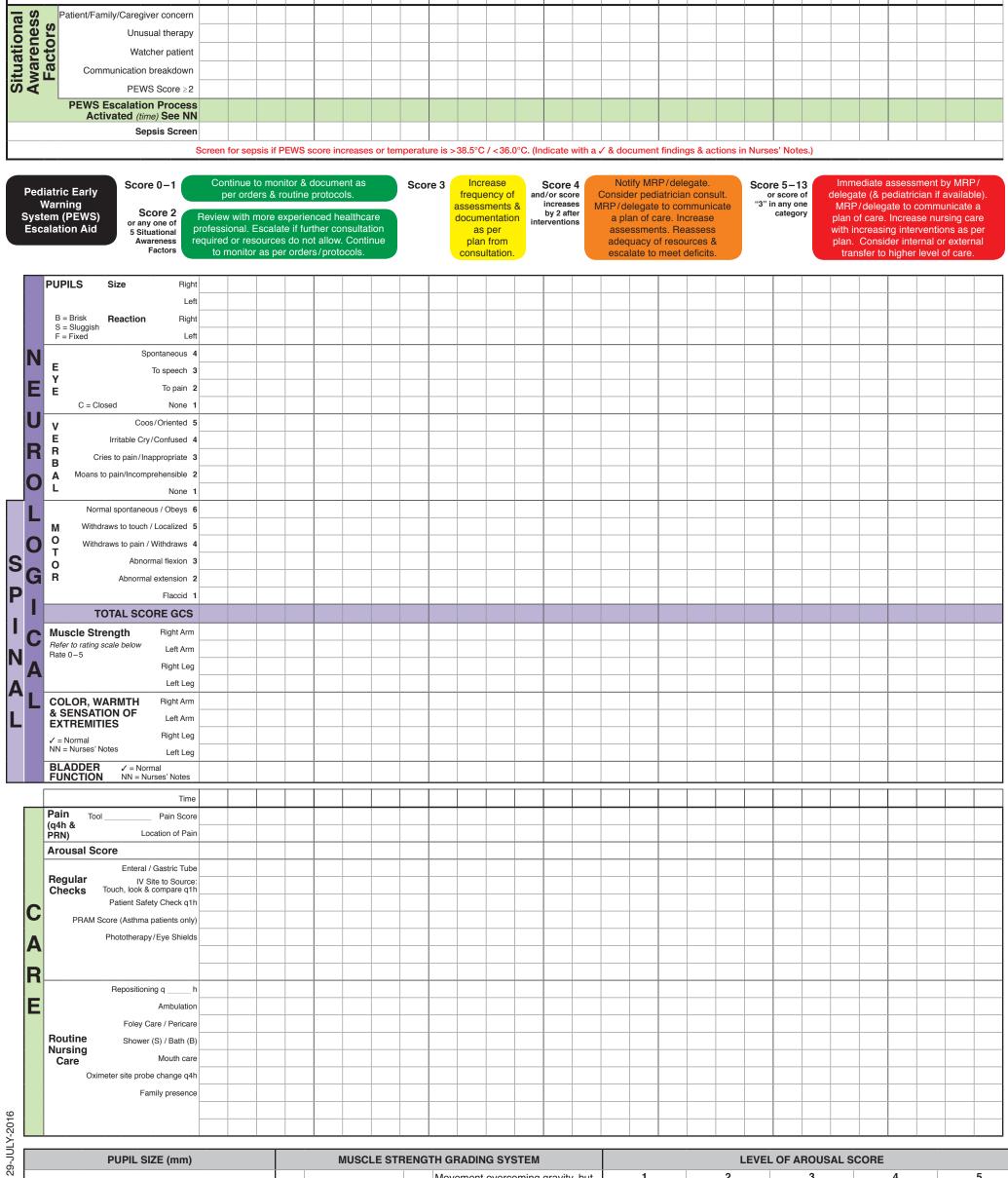
= (mm)	Г N	JUSCLE STREN	ATH GRADING SYSTEM	LEVEL OF AROUSAL SCORE								
			Maximum and according and a second state	4	2	2	4	F				

									0/5	No movement	3/5	wovernent overcoming gravity, but		2		4	5
33									0/0		0/0	not against resistance					Does Not
0864	•	•	•						1/5	Trace movement	4/5	Movement overcoming gravity & some resistance	Awake & Alert, Oriented	Normal Sleep, Easy to Arouse to Verbal	Difficult to Arouse to Verbal	Responds Only to Physical	Respond to Verbal
CH 00	1	2	3	4	5	6	7	8	2/5	Movement only (not against gravity)	5/5	Normal strength against resistance		Stimulation	Stimulation	Stimulation	or Physical Stimulation





	CHILD						Flow YE					Pati	ent Identif	ication				
	saveonfoods			PEV	VS Scor	ing Lege	end: 0	1	2	3								
	Date: Initials:																	
	Time:																	
tory	70 Respiratory Rate (1 minute) 50 40 Resp: ● 30 20 O₂ Saturation (%)																	70 60 50 40 30 20
Respiratory	O2 Saturation (%) Supplemental <3L or 30% O2 ≥3L or 30% Concentration ≥6L or 40% Delivered ≥8L or 50%																	
Å	None Respiratory Mild Distress Moderate Severe																	
	PEWS Score for Respiratory (record most severe score)																	
/ascular	Heart Rate (1 minute) 180 & Blood Pressure 170 160 Systolic: V 150 Diastolic: Λ 140 (Do not score blood pressure) 130 120 Normal Parameters: 110 Systolic (mmHg): 100 100 85 – 109 100 37 – 67 80																	190 180 170 160 150 140 - 130 - 120 - 110 - 100 - 90 80
Cardiova	Apex: • 70 60 Monitor: * 50 MAP																	7(6(5(
ö	1 −2 seconds Capillary Refill 3 seconds 4 seconds ≥5 seconds Pink																	
Ρ	Skin Colour Grey / Cyanotic Grey & Mottled PEWS Score for Cardiovascular (record most severe score)																	
Behaviour	Playing / Appropriate Sleeping Irritable Lethargic / Confused Reduced response to pain PEWS Score for Behaviour																	
⊕ ₽	(record most severe score) Persistent vomiting following surgery Bronchodilator every 15 minutes Total PEWS Score C + B + vomiting + bronchodilator)																	
Temperature °C	 A - Axilla R - Rectal O - Oral T - Temporal F - Esophageal 														 			40 39 38 37 36

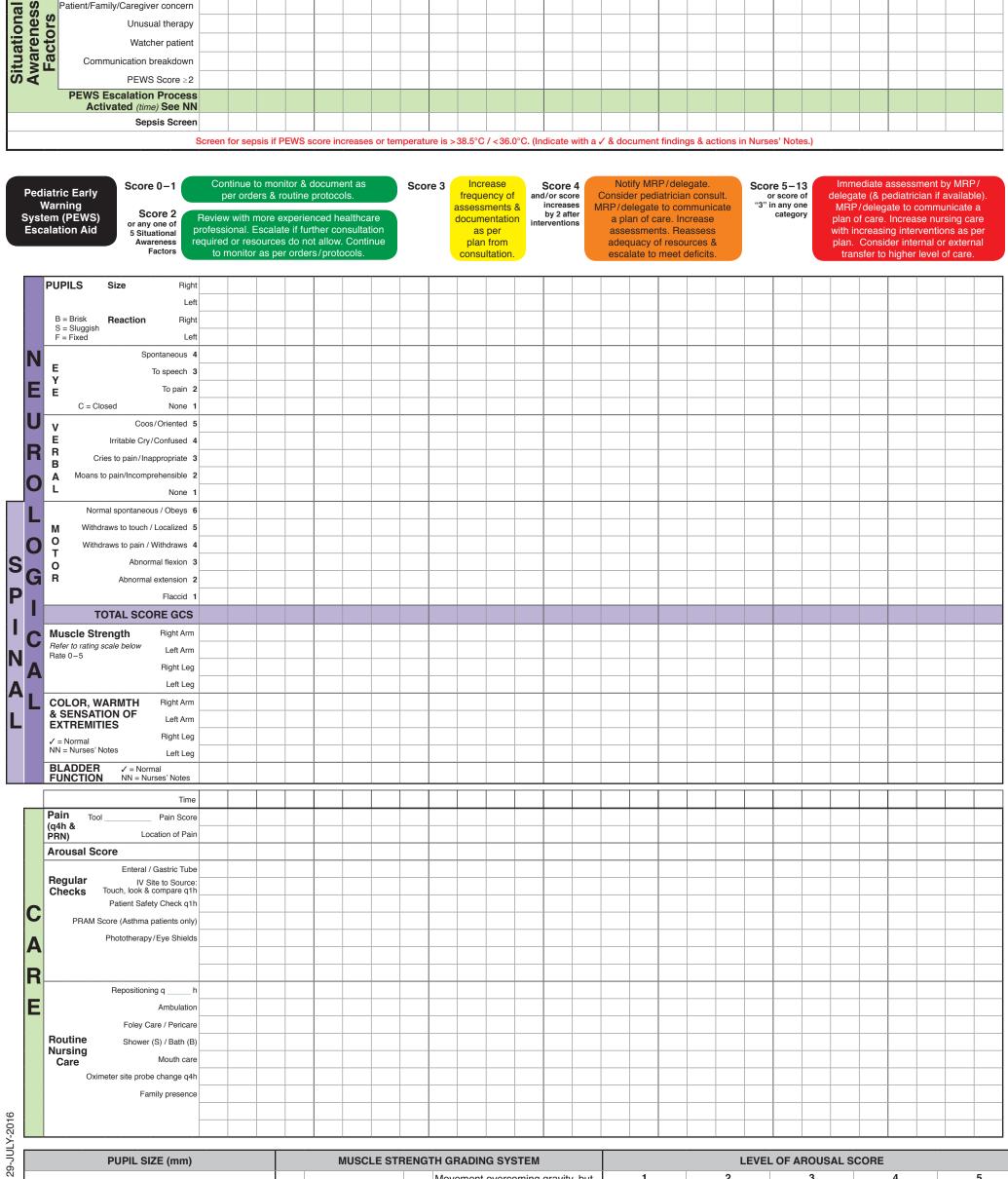


									0/5	No movement	3/5	wovernent overcoming gravity, but		2		4	5
33									0/0		0/0	not against resistance		Nermal Olean			Does Not
0864	•	•	•						1/5	Trace movement	4/5	Movement overcoming gravity & some resistance	Awake & Alert, Oriented	Normal Sleep, Easy to Arouse to Verbal	Difficult to Arouse to Verbal	Responds Only to Physical	Respond to Verbal
CH 00	1	2	3	4	5	6	7	8	2/5	Movement only (not against gravity)	5/5	Normal strength against resistance		Stimulation	Stimulation	Stimulation	or Physical Stimulation





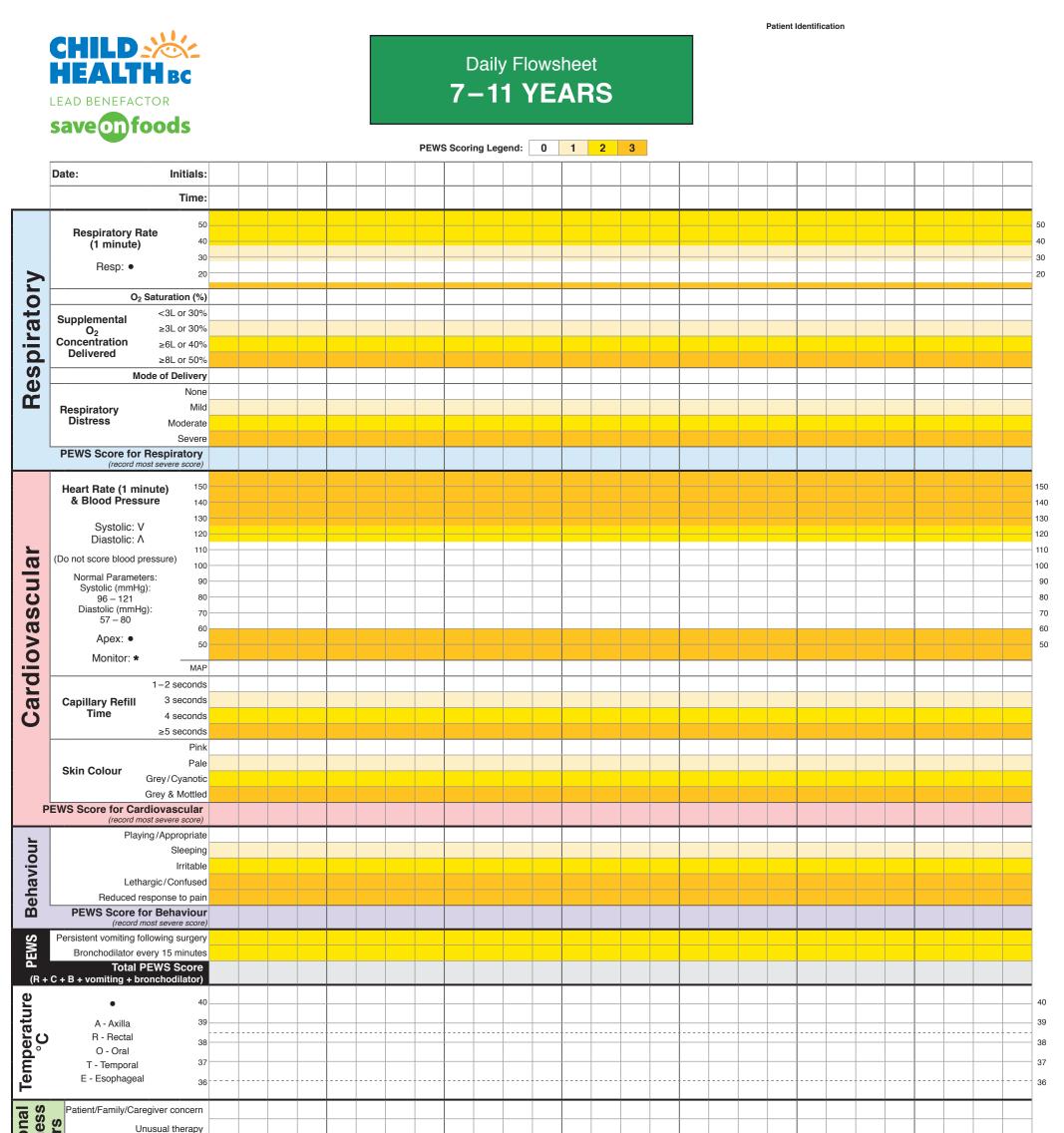
	CHILD SC HEALTH BC LEAD BENEFACTOR Save on foods							y Flo 5 Y						Pa	tient Id	entification					
	save	 			PEW	S Scori	ng Leg	jend:	0	1	2	3									_
	Date: Initials: Time:																				
																					5
	Respiratory Rate (1 minute) 40																				- 4
>	30 Resp: •																				- 3
0	O ₂ Saturation (%)																				
at	Supplemental <3L or 30%																				
piratory	Concentration ≥6L or 40%																				
SF	≥8L or 50% Mode of Delivery																				
Hes	None																				
	Respiratory Mild Distress Moderate																				ł.
l	Severe PEWS Score for Respiratory																				
	(record most severe score)																				
	Heart Rate (1 minute) 160 & Blood Pressure 150 140 140																				1
	Systolic: V 130 Diastolic: A																				
	(Do not score blood pressure) 110																				
ulăr	Normal Parameters: 100		 														_	 			
SC	Systolic (mmHg): 90 91 – 114 80 Diastolic (mmHg): 50 – 80 70																				-
ardiova	Apex: • 60																				
	Monitor: *																				4
	1-2 seconds																				-
5	Capillary Refill 3 seconds Time 4 seconds																				
-	≥5 seconds																				
	Pink Pale																				-
	Skin Colour Grey/Cyanotic																				
P	Grey & Mottled																				-
	(record most severe score) Playing / Appropriate																				-
benaviour	Sleeping Irritable																				
Jav	Lethargic/Confused																				
	Reduced response to pain PEWS Score for Behaviour (record most severe score)																				
LEW3	Persistent vomiting following surgery Bronchodilator every 15 minutes																				
	Total PEWS Score C + B + vomiting + bronchodilator)																				
	• 40																				
	A - Axilla 39												 								-
်လ	R - Rectal ₃₈ O - Oral																				_
°C °C	T - Temporal ³⁷ E - Esophageal ₃₆		 1										 					 1			
_																				 	_
SS	Patient/Family/Caregiver concern																	1	1		

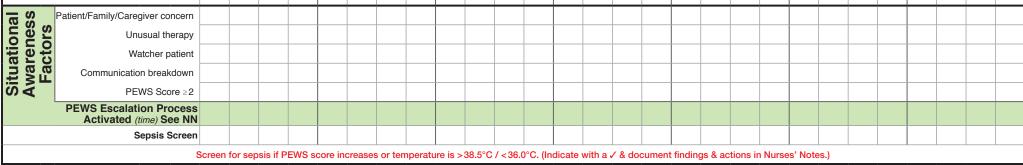


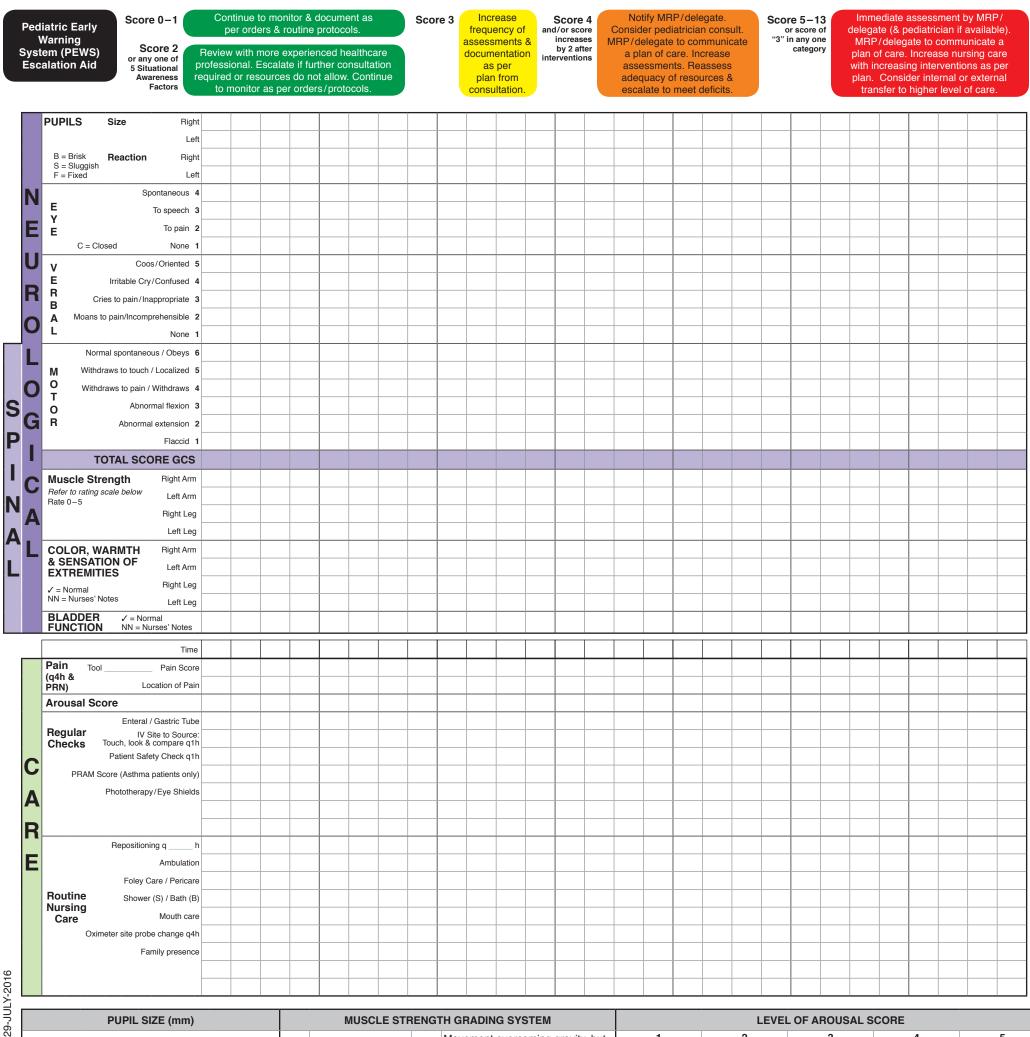
									0/5	No movement	3/5	wovernent overcoming gravity, but		2		4	5
33									0/0		0/0	not against resistance		Nermal Olean			Does Not
0864	•	•	•						1/5	Trace movement	4/5	Movement overcoming gravity & some resistance	Awake & Alert, Oriented	Normal Sleep, Easy to Arouse to Verbal	Difficult to Arouse to Verbal	Responds Only to Physical	Respond to Verbal
CH 00	1	2	3	4	5	6	7	8	2/5	Movement only (not against gravity)	5/5	Normal strength against resistance		Stimulation	Stimulation	Stimulation	or Physical Stimulation









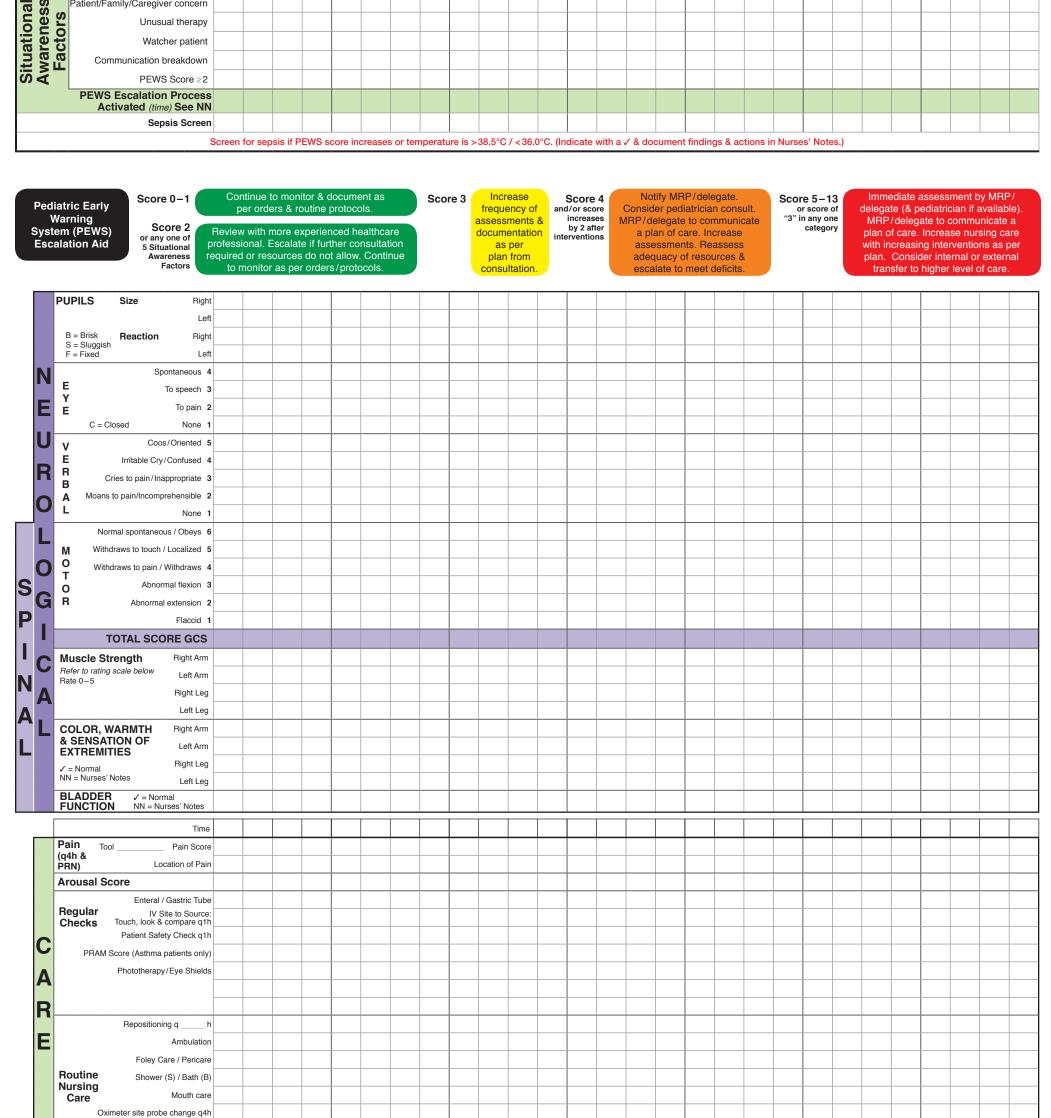


									0/5	No movement	3/5	wovernent overcoming gravity, but		2		4	5
33									0/0		0/0	not against resistance		Nermal Olean			Does Not
0864	•	•	•						1/5	Trace movement	4/5	Movement overcoming gravity & some resistance	Awake & Alert, Oriented	Normal Sleep, Easy to Arouse to Verbal	Difficult to Arouse to Verbal	Responds Only to Physical	Respond to Verbal
CH 00	1	2	3	4	5	6	7	8	2/5	Movement only (not against gravity)	5/5	Normal strength against resistance		Stimulation	Stimulation	Stimulation	or Physical Stimulation





	CHILD											ows EA					Patient	Identific	cation				
	saveonfoods							PEW	S Scor	ing Leg	gend:	0	1	2	3								
	Date: Initials:																						_
	Time:																						-
	Respiratory Rate (1 minute) 30																						4
	(1 minute) 30 20 Resp: •																						- 2
7	10																						1
iratory	O ₂ Saturation (%)																						_
ä	Supplemental O ₂ ≥3L or 30%																						
b	Concentration ≥6L or 40%																						
es	≥8L or 50% Mode of Delivery	_																					
U L	None																						
	Respiratory Mild Distress Moderate																						
	Severe																						
	PEWS Score for Respiratory (record most severe score)																						
	Heart Rate (1 minute) ¹⁴⁰ & Blood Pressure ₁₃₀																						1
	Systolic: V ¹²⁰ Diastolic: A ¹¹⁰																						1
ar	(Do not score blood pressure) ¹⁰⁰																						- 1
ular	Normal Parameters: ⁹⁰ Systolic (mmHg): 80																						
C	105 – 136 Diastolic (mmHg): ⁷⁰															 							
as	62−87 60 Apex: ● 50																						
Cardiova	Monitor *																						
	MAP 1-2 seconds																						-
Ľ	Capillary Refill 3 seconds Time 4 seconds																						
Ü.	Time 4 seconds ≥5 seconds																						
	Pink																						1
	Pale Skin Colour																						
	Grey/Cyanotic Grey & Mottled																						
Ρ	EWS Score for Cardiovascular (record most severe score)																						
_	Playing/Appropriate																						
no	Sleeping Irritable																						
Behaviour	Lethargic/Confused																						
Seh	Reduced response to pain																						
	PEWS Score for Behaviour (record most severe score)																						
B PEWS	Persistent vomiting following surgery Bronchodilator every 15 minutes Total PEWS Score C + B + vomiting + bronchodilator)																						
																							1
	A - Axilla 39																						
5 S S	R - Rectal 38		+	-+	+	+	+	+	+	+	+	+				 	 	+	+	 	 +	 	
	O - Oral T - Temporal 37																					<u> </u>	
D	E - Esophageal 36			-				.		+	+					 	 		+	 	 	+	
SS	Patient/Family/Caregiver concern																						-
V)			+ +			+	+	+	+	-	-					 +	 		-				



PUPIL SIZE (mm)	MUSCLE STR	ENGTH GRADING SYSTEM		LEVE	L OF AROUSAL S	CORE	
		Movement evereeming growity but	1	2	2	4	5

									0/5	No movement	3/5	wovernent overcoming gravity, but		2		4	5
33									0/0		0/0	not against resistance		Nermal Olean			Does Not
0864	•	•	•						1/5	Trace movement	4/5	Movement overcoming gravity & some resistance	Awake & Alert, Oriented	Normal Sleep, Easy to Arouse to Verbal	Difficult to Arouse to Verbal	Responds Only to Physical	Respond to Verbal
CH 00	1	2	3	4	5	6	7	8	2/5	Movement only (not against gravity)	5/5	Normal strength against resistance		Stimulation	Stimulation	Stimulation	or Physical Stimulation



Family presence

