NURSING ACTIVITY FLOWSHEET FOR ADULT (I)

NAME : DATE OF BIRTH:

SEX:

ADMIT DATE :

ROOM NO.:

MRN

EPISODE NO:

Date		Staff name in full	Designation	Date		Staff name in fu	n r	Designati	n Date		Staff na	me in full	Deci	gnatio
	AM				AM				211 12410	AM	·		17001	gnano
	PM				PM		$\dashv$	<del></del>		PM	<del></del>		+	
	N				N				1	N			-	
Date	)	en e		L	J		reversation		<u> </u>	1.1				La Substantiana y entre
Shif	t					AM	PN	A N	AM	P	M N	AM	PM	N
		Weak			· · · · · · · · · · · · · · · · · · ·		<del></del>							
C/C		Lethargic												
~~~~		Satisfactory											***************************************	
		Alert		university (force)									<del></del>	
		Drowsy								-			***************************************	Marie Charles and Arthur Charles
MENTAL		Semiconscious											***************************************	
		Neurological chart												
		Others												
	_	-												
RESPIRATORY	_	Chest physio			30 100	· ·								
	_	Breathing exercise												
		Suctioning												
	_	O2 therapy												
	-  _	Pulse Oximeter												
	_	Chest Drains			115									
		Fowler's position												-
		Others	***	*******										
	_			1									7/	
				S Santana and Superior St.										
SAD		BP / Pulse / AB												
	_	Temperature		10									·	
	_	CVP reading	1										÷ •	
	-	Art. line											i	
	_	RA / LA lines												
	-	IABP							2.		(a) (c)		ň .	
	-	Chemoport												
	-		*	-										
	-													
	_		Company and the company and th										or ware have a particular a balance.	
	_	·	·											
	1_		Secretaria de la companya de la comp											

Date										
Shift		AM	PM	N	AM	PM	N	AM	PM	N
_	I/O Charting									
RENAL	Character of urine									
AS	Urinary catheter in situ & anchored									
							-			
>	Site / rate checked									
THERAPY	Dressing changed			***************************************						
	Patency checked								V	-
	Side rails up	A Part of the Part								
and the same of th	Call bell reach / working							6.7		
SAFETY	Relatives informed of risk									
SAF	Sit in companion									
	Restraints checked			encore year prostoring a com-						
	Others									
	Oral diet - soft				1	<u> </u>				
ľ	- normal									-
	Tube feed									
Ī	Nil by mouth	***************************************	·							
Ī	Continuous / intermittent suction				1				<u> </u>	
55.	Feeding assisted				1					
	Tolerating				1			<del> </del>		<b>†</b>
	Vomiting				-				-	1
	Abdomen distended				1					
	Bowel opened		<u> </u>		<b>†</b>			1		
	Others				<b>†</b>	1	<u> </u>			
	RIB		<del>                                     </del>							
	CRIB				<b>†</b>	1				-
K	Assisted with aids				<del>                                     </del>			10.00		
MOBILITY	Ambulating		1	1	1	1				
080	Sit up			1	1	1				
Ň	2 H positioning			1	-					
	Pressure relieve device	-	-	+		<u> </u>		<b>-</b>		
	Others			-	<del> </del>	-		1		<del>                                     </del>
	Bathing assisted		1	†	-	1	1	1		1
	Bed bath			<del>                                     </del>	1	1		-		+
	Self care	-		1	1		1		1	1
田	Perineal care						1			+
HYGIENE	Catheter care			1	1	1	+	1		-
HYG	Oral care		-		+	+	<del>                                      </del>			
	Skin care		+	+	1	+	1		1	-
	Others		+	+	+	+	+	-	-	+
			-	+	-	+		-	+	_