

NURSES Flowsheet & Care Notes

Client:						□full code □dnr □polst			
□ VS Deferred				——————————————————————————————————————					
		D	a a	,	Temp		Pain S	score: (0 to 10)	
vitai Signs. bi	F	r	KN		remp				
Mental Statu	s: □Alert □ (Oriented N	on-Verbal	Skin: ☐ Intact ☐ IV Site: See Flowsheet					
☐ Forgetful	☐ Confused ☐	Current Wound : Healing							
_	oaired 🗌 Visio	☐ NEW Wound Site - See Flowsheet:							
	Number#								
	Unlabored Br	Nutrition: ☐ NPO Appetite: ☐ OK ☐ Poor							
l ' '	☐ Rales/Crackle	☐ G-Tube Size: Fr ☐ G-Tube care done							
			changed:						
	LPM								
	Cough Sput			Formula: Rate:					
(
	: □ Nailbeds Pi Pink □ Pale	MusculoSkeletal: Ambulatory Non-Ambulatory							
		Strength: Normal Weak Flaccid							
	emity Edema: 🔲	Repositioned Q 2-3 Hrs ROM done Exercises done							
	ular 🗌 IR-regula	Fall Risk: Low Medium High							
	on: 🗆 Continen			GenitoUrinary: ☐ Continent ☐ Incontinent ☐ Depends					
Bowel Sounds: ☐ Positive ☐ Faint ☐ Absent				Urine: ☐ Clear Yellow ☐ Cloudy					
	Soft 🔲 Distenc	Catheter: ☐ Foley ☐ Suprapubic Date Changed:							
Colostomy Care Date of LAST BM:									
Education To			☐ Equipment Checked						
Time	Oral/ Gtube	Other	INTAKE	Time	Urine	Oth	her	OUTPUT	
TOTAL				TOTAL					
Care Notes:									
Patient Left in (Care of:				☐ New Orders	Time IN	:	Time OUT:	
. asient Een III					New Orders See Chart		•		
BrightStar Sign	ature:			□ RN □ LPN	Date:		I		
O									



NURSES Flowsheet & Care Notes

Client Name:	
Care Notes:	
BrightStar Signature:	□ RN □ LPN Date: