ICU CRITICAL CARE FLOWSHEET

HOURLY OBSERVATION & ORGAN SUPPORT

ALLERGIES: _____ ☐ No known allergies

Patient / label		**MRN**		**DOB / Age**		**Room / Bed**	
Admission date/time		**ICU day**		**Service**		**Attending**	
Primary diagnosis				**Code status**	☐ Full ☐ DNR ☐ DNI ☐ Other: _____		

SHIFT / TARGETS	SAFETY / PRECAUTIONS	ACCESS / DEVICES AT START OF SHIFT
Date _____ **Shift** _____ **RN** _____ **MAP goal** _____ **SpO_2 goal** _____ **RASS goal** _____	☐ Fall ☐ Aspiration ☐ Seizure ☐ Isolation: _____ ☐ Restraints: _____ ☐ Bleeding ☐ Other: _____	☐ ETT ☐ Trach ☐ CVC ☐ A-line ☐ Foley ☐ NG/OG **Other** _____

HOURLY SURVEILLANCE — RECORD ACTUAL OBSERVATION TIME IN EACH COLUMN

Time												
VITAL SIGNS / HEMODYNAMICS												
Heart rate bpm												
Blood pressure SBP / DBP												
MAP mmHg												
Respiratory rate breaths/min												
Temperature / route °C or °F												
SpO_2 %												
Cardiac rhythm note change / ectopy												
CVP / other mmHg / specify												
RESPIRATORY SUPPORT												
O_2 device / vent mode device or mode												
O_2 flow / FiO_2 L/min or %												
PEEP / CPAP cm H_2O												
Set RR / total RR breaths/min												
VT set / exhaled mL												
Pressure support / PIP cm H_2O												
$EtCO_2$ mmHg												
Airway / suction patency; secretion color/amount												
NEUROLOGIC / COMFORT / SAFETY												
GCS total E + V + M												
Pupils size / reaction L,R												
RASS / sedation scale score												
Pain score / tool 0–10; CPOT; other												
Delirium screen CAM-ICU: + / – / UTA												
Position / turns position; pressure relief												
Restraint / safety check type; circulation; need												
METABOLIC / OTHER MONITORING												
Glucose mg/dL or mmol/L												
ICP / CPP / other specify units												
RN initials initial after entries												

Event time	Significant event / change	Provider notified	Action / order received	Response	Initials

ICU CRITICAL CARE FLOWSHEET

THERAPIES, BALANCE & HANDOFF

Patient / label _____ Date _____

INTAKE AND OUTPUT — RECORD VOLUME IN ML UNLESS OTHERWISE SPECIFIED

Time													Total
INTAKE													
IV fluid / carrier													
IV medication													
Blood product													
Enteral / oral intake													
Flush / other													
Hourly intake													
OUTPUT													
Urine													
Drain 1: _____													
Drain 2: _____													
Chest tube													
Stool / emesis / NG													
CRRT / other													
Hourly output													
Cumulative balance													

CONTINUOUS INFUSIONS / TITRATABLE THERAPIES

Medication / fluid	Concentration	Route / line	Ordered target / parameters	Start	Stop / handoff rate

MEDICATION / PROCEDURE / SPECIMEN RECORD

Time	Medication, procedure, specimen, or treatment	Dose	Route	Response / result / destination	Init.

FOCUSED SYSTEM ASSESSMENT

System	Findings / changes / interventions	Time
Neuro	Mental status, speech, movement, sensation:	
Cardiac	Rhythm, heart sounds, pulses, edema, perfusion:	
Resp.	Air entry, sounds, work of breathing, cough:	
GI / nutrition	Abdomen, bowel sounds, tolerance, last BM:	
GU / renal	Urine character, catheter indication / care:	
Skin	Color, temperature, wounds / pressure injury:	
Mobility	Strength, activity level, PT/OT, VTE prevention:	
Psychosocial	Communication, family / support, interpreter:	

LINES, DRAINS, AIRWAYS, AND DAILY SAFETY BUNDLE

Device / site	Type, size, insertion date, site / dressing, necessity	Init.
Airway		
CVC / PICC		
Arterial line		
PIV / IO		
Urinary cath.		
Drain / tube		

☐ HOB / aspiration measures ☐ Oral care ☐ VTE prevention
☐ Line necessity reviewed ☐ Foley necessity reviewed ☐ Mobility plan
☐ Nutrition plan ☐ Glucose plan ☐ Sedation / awakening review

END-OF-SHIFT SUMMARY / HANDOFF

Situation	Diagnosis, current stability, code status:
Background	Relevant course, procedures, isolation, family / decision maker:
Assessment	Key trends, abnormal findings, response to treatment:
Recommendation	Pending labs / imaging, tasks, contingency plan, goals next shift:

Outgoing RN		**Receiving RN**	
Time		**Time**	

GOALS, COMMUNICATION, AND NEXT-SHIFT PRIORITIES

Interdisciplinary goals / rounds decisions	Patient / family communication and preferences	Pending items, priorities, and contingency plan