



- \* When documenting on a specific flowsheet  
Initial if needs met, no written note required
- ✓ if needs met and written note required
- ✗ if needs not met therefore a written note is required

DATE (Y/M)																									
PATIENT NEEDS		E	E	N	N	D	D	E	E	N	N	D	D	E	E	N	N	D	D	E	E	N	N	D	D
MEDS	IV x 2 or ↑	5					5						5						5						5
	IV x 1	3					3						3						3						3
	IV titration	2					2						2						2						2
	Meds – q2h or ↑	6					6						6						6						6
	– q3h or ↓	3					3						3						3						3
TREATMENTS AND PROCEDURES	Drsg. – complex	2					2						2						2						2
	– simple	1					1						1						1						1
	O <sub>2</sub> therapy	1					1						1						1						1
	ROM	2					2						2						2						2
	Chest physio	5					5						5						5						5
	Suctioning	3					3						3						3						3
	ET tube care	2					2						2						2						2
	Tracheostomy mgmt	5					5						5						5						5
	Blood sampling	2					2						2						2						2
	Pressure injury prevention	2					2						2						2						2
		1					1						1						1						1
		1					1						1						1						1
		1					1						1						1						1
		1					1						1						1						1
		1					1						1						1						1
	1					1						1						1						1	
	1					1						1						1						1	
	1					1						1						1						1	
TE	Teaching – complex	8					8						8						8						8
	– simple	4					4						4						4						4
SAFETY	Siderails	1					1						1						1						1
	Confusion	1					1						1						1						1
	Falls assessment	1					1						1						1						1
		1					1						1						1						1
PSYCHOSOCIAL	Emotional						2						2						2						2
	Behavior mgmt						2						2						2						2
	Crisis intervention						1						1						1						1
	Family support						2						2						2						2
	Sleep mgmt						1						1						1						1
Total A + B																									
Initial																									
Total B																									
Initial																									
Total B																									
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DO NOT COPY