UNIVERSITY OF VIRGINIA HEALTH SYSTEM



Date:____ Admission Wt._____kg Previous Wt. _____kg scale_____ Todays Wt. _____kg scale_____ HC (<2 yrs) _____ Length _____ Abd girth _____ _____

PLACE LABEL HERE. May 2010 FORM NO. 010326

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

PICU CRITICAL CARE FLOWSHEET

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1 Learner? Method:

Response: Learner? Method: Response:

2 Learner? Method:

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- Patient & Far
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Smoking Ces

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- Diagnosis/Illr
- Plan of care • Diabetes • H

BEFORE AND

- TREATMENTS
- Preparation f Treatments/T
- Care After Si
- Treatments/T

SAFETY

- Strategies for Active involve
- Precautions

ACTIVITY/MO

SELF-CARE /

- Return Demo
- Use of assist
- equipment as
- General Self

PAIN MANAG

- · Patient to mo
- and report be
- Interventions
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COMMENTS:

PATIENT EDUCATION SESSIONS

Document each formal teaching session. May include two learners at each session. Put initials at TOPIC for each session. Note any details, handouts and/or how any learning barriers were addressed.

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Patient DFamily/Care Partner Other	Caregiver Name											
DExplanation Demonstrations DHando												
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NOTE DETAILS, TITLE OF HANDOUT OR VIDEO ACHING POINTS BARRIERS ADDRESSED, OR OTHER COMMENTS	D, TOPIC / • SAMPLE TEACHING POINTS OR OTHER COMMENTS											
1. INITIALS 2. INITIALS	MEDICATIONS 1. INITIALS 2. INITIALS											
amily Centered Care	General Medication Information											
Imission • Advance Directives	Micromedex Carenotes or PMET for Anticoagulant Therapy											
essation	Anticoagulant Therapy											
(ILLNESS/INJURY 1. INITIALS2. INITIALS IIness/Injury	EQUIPMENT/SUPPLIES 1. INITIALS2. INITIALS Medical Equipment used in the hospital											
e and goal identification	DIET/NUTRITION 1. INITIALS 2. INITIALS											
Heart Failure • Cancer	• Diet/Feeding Instruction											
ID AFTER SURGERY, PROCEDURES/	COPING spiritual, cultural, emotional											
TS (PRE/POST-OP) 1. INITIALS2. INITIALS												
n for Surgery/Procedures/ /Tests	Use of Tobacco, Alcohol, Drugs											
Surgery/Procedures/	 Anxiety Reduction/Coping Support/ 											
/Tests	Emotional Needs											
1. INITIALS 2. INITIALS	• Support Systems, Community • Resources • Care Partners											
for safety as appropriate to patient.	• End-of-life • Rituals											
vement of patient/family	Spiritual/Cultural needs Rest											
s as appropriate to patient	INFECTION PREVENTION & CONTROL											
OBILITY 1. INITIALS 2. INITIALS	Hand hygiene - Gel In/Gel Out 1. INITIALS 2. INITIALS											
• Exercises	Healthcare associated infection prevention											
/ ADLS 1. INITIALS 2. INITIALS	Isolation											
nonstration of ADL Techniques	WOUNDS/LINES/DRAINS/AIRWAYS											
stive devices and/or adaptive	Pressure Ulcer Prevention 1. INITIALS2. INITIALS2											
as appropriate to improve self care	Provide Opportunity Patient/Family/											
If Care	Caregiver to Return Demonstration											
GEMENT 1. INITIALS 2. INITIALS	of care of invasive devices											
nonitor/address pain, comfort	DISCHARGE/FOLLOW-UP 1. INITIALS2. INITIALS2											
before pain becomes severe	Review Discharge/Follow-up plan											
ns used	Disease Plan											
	Home Health Care Services Eacilities or Community Resources											
	Facilities or Community Resources											

□ 1. Details about Education are in Progress Note, Flowsheet or Pathway □ 2. Details about Education are in Progress Note, Flowsheet or Pathway

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COMMENTS / INITIALS
Nursing/ RT Notes

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* A - Arterial

*C - Capillary



V - Venous

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