

FLOW RECORD for HCL Levels 5-6

Name _____		ID # _____						Week _____						Health Risk Level _____						Tube Size _____					
Date Time	10-6	6-2	2-10	10-6	6-2	2-10	10-6	6-2	2-10	10-6	6-2	2-10	10-6	6-2	2-10	10-6	6-2	2-10	10-6	6-2	10-6				
V Temperature																									
I Pulse																									
T Respirations																									
A B/P																									
L O ₂ Sat																									
S Weight																									
M Breakfast %																									
E Lunch %																									
A Dinner %																									
L Snacks %																									
S Formula/Supplements																									
B BM																									
W Suppository																									
L Enema																									
S Impaction Removal																									
Shift Intake*																									
I 24° Total Intake																									
& Vomitus																									
O Urine																									
24° Total Output																									
E Placement Check																									
N Residual																									
T Site Care																									
Date tube replaced																									

*Intake would include any po, tube (including flushes) and IV fluids

