PennState Health

DOWNTIME NURSING FLOW SHEET

☐ Milton S. Hershey Medical Center ☐ Hampden Medical Center ☐ Penn State Health Life Lion, LLC
☐ St. Joseph Medical Center ☐ Lancaster Medical Center ☐ Other: _____
☐ Holy Spirit Medical Center ☐ Penn State Health Community Medical Group, LLC

* Please use additional forms if needed for more rows or columns.
* ALL VS, I&O, Change in patient assessment, new insertion of lines/tubes/drains MUST BE BACK-ENTERED AFTER DOWNTIME.

Date:

Time:										
Temperature										
Route										
HR										
RR										
SPO2										
BP										
Invasive BP										
FiO2										
O2 Flow										
O2 therapy										
EKG Rhythm										
Pain Score										
Pain Scale										
CHG Bath										
Frequent Peripheral IV Activity										
Infiltration Score/Phlebitis Score										
Site/Line Care										
Dressing/ Drainage										

Other/Patient Care

Time:										
Frequent Turns										
Critical Lab Reported to										

RN Completing Assessment:_____ **Date/Time:**_____

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Date:

Time										
Input---										
Solution										
Solution										
Solution										
Solution										
Blood										
PO Fluids										
PO Solids										
Tube Feeds										
Total Input										
Output---										
Urine										
Stool										
Emesis										
Total Output										
Fluid Balance										

RN Completing Assessment:_____ **Date/Time:**_____