
Patient Name, #, or DOB
or
Attach Patient Label Here

Flow Sheet

Procedure	Date								

Signature

/ / / / / / / / / /

Procedure	Date								

Signature

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Procedure	Date								

Signature

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FLOW SHEET (DHHS 2804)

Record repetitive observations and measurements used to monitor the patient. This could be blood pressure, height, weight, laboratory tests, etc. Record treatment (such as passive exercise) or counseling (such as special diets). Record primarily on the Flow Sheet for the same problem or set of problems, and use the "Notes" section (the narrative) to explain changes and/or findings outside of normal limits. This will minimize recording time and maximize ease of monitoring patient change.

All health care providers record in chronological order on the same Flow Sheet.

1 -6 NAME, NUMBER, ETC

Attach in this space the computer generated identification label or emboss in this space the information imprinted on the patient's plastic identification card. When a plastic card or label is not available, manually record the patient's name (last name, first name and middle initial), identification number, date of birth (MM-DD-YYYY), race, ethnicity, gender, and county of residence.

PROCEDURE

Identify in the spaces down the left-hand side of the page, the parameters to be monitored. Examples are: blood pressure, pulse, weight, medication side effects, appetite, edema, date next visit planned, visit time (for home health billing, CSC units, MCC units and/or TB/STD T-code units). Additional observations or parameters are added to the list as needed by any service provider.

DATE

Record at the top of successive columns, the date the care is given.

SIGNATURE

Record full legal signature and license (RN, LPN, MD, etc.), if applicable, of the health professional responsible for the information.

For convenience of recording, items may be listed in the order in which the information is obtained. Alternately, for convenience of review, items may be listed by biological systems. Seldom will you be able to derive the "one best way."