Hand 2 Heart
MEDICAL STAFFING

Daily Flow Sheet

Name _____
DOB _____
Date _____

Time:	06:30-08	08:00-09	09:00-10	10:00-11	11:00-12	12:00-13	13:00-14	14:00-15	15:00-16
Received report from:									
Lung Sounds									
Temperature									
Respirations									
Pulse									
SpO2									
Oxygen									
PM (speaking) valve on; HME filter (nose) on									
Tracheostomy midline/patent; collar clean/secure									
Suction (number/hr)									
Amount									
Color									
Consistency									
G-tube site									
Nutrition									
Input									
Output									
Position									
Assist/Indpendent									
Participating in (PT/OT/Speech/Music/ IEP goals/community)									
Braces									
Stretched									
Medications									
Other:									
Report given to:									

Nursing Narrative: _____

Change in condition since weekly assessment (Y/N)

Signature:

Hand 2 Heart
MEDICAL STAFFING

Daily Flow Sheet

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Other:									
Report given to:									

Nursing Narrative: _____

Change in condition since weekly assessment (Y/N)

Signature:

H2H Nursing Assessment

Student: _____

DOB: _____

Date: _____

Neurological
- Alert & Oriented X3
- Behavior appropriate to situation
- Active ROM of all Extremities
- Speech appropriate
- PERRL
- Reflexes intact (Gag, Swallow, Blink, Cough)

☐ **WNL**
☐ **Exceptions:** _____
_____
_____

Pulmonary
- Respirations unlabored & regular
- BBS clear
- Symmetrical chest expansion
- Nail beds pink

☐ **WNL**
☐ **Exceptions:** _____
_____
☐ **Tracheostomy**
☐ **O2 ____ L/min Rate Cannula/Mask**

Cardiovascular
- Radial-Pedial pulses regular, strong & palpable bilaterally
- No peripheral edema
- Cap refill < 3 secs
- No edema
- Homan's negative
- No JVD
- Apical pulse regular
- Radial pulse regular, S1 & S2 audible

☐ **WNL**
☐ **Exceptions:** _____
_____
☐ **Heart Rhythm** _____
☐ **Edema** _____
☐ **Capillary Refill** _____
☐ **Fatigue**
☐ **Dizziness**

Gastrointestinal
- Abdomen soft, non-tender, non distended
- Bowel sounds active X4
- Tolerated diet
- Normal chewing and swallowing
- Continent

☐ **WNL**
☐ **Exceptions: G tube / NG tube / Incontinent / Nausea / Vomiting / Constipation / Diarrhea** _____
_____
☐ **Bowel Sounds** _____

Genito-Urinary
- Urine clear
- No odor
- Color yellow to amber
- Continent

☐ **WNL**
☐ **Exceptions: Incontinent / Urgency / Frequency** _____
Urine Odor _____
Urine Color

Integumentary
- Warm, dry, pink
- Elastic turgor
- Intact
- Mucous membranes moist, pink

☐ **WNL**
☐ **Exceptions: Bruising / Fragile / Rash / Petechiae / Acne / Abrasion**
_____

Musculoskeletal
- Absence of joint swelling or tenderness
- Normal ROM of all joints
- Independent gait

☐ **WNL**
☐ **Exceptions:** _____
☐ **Braces** _____
☐ **Mobility**_____

Pain
- Experiencing no pain.

☐ **WNL**
☐ **Exceptions:** _____
_____

Psychosocial
- Appropriate appearance & behavior
- Verbalizations appropriate to situation
- Memory intact
- Appropriate affect

☐ **WNL**
☐ **Exceptions: Nonverbal** _____
_____

Nursing Notes: _____

Signature/Title_____

H2H Hand 2 Heart MEDICAL STAFFING.

Updated 8/4/14

H2H Seizure Log

Student: ______________________

Date	Activity before Seizure	<u>Type</u> of Seizure	Duration	Injury Yes	Injury No	Signature / Title	<u>Description</u> / Meds Given / Parents Notified?

Updated 8/19/13

Type: ☐ Simple Partial ☐ Complex Partial ☐ Secondary Generalized

☐ Atonic ☐☐ Tonic ☐ Clonic ☐ Tonic-Clonic ☐ Myoclonic

☐Atypical Absence ☐☐ Absence ☐ Infantile Spasms (cluster)

Description: ☐ Loss of ability to communicate ☐ Loss of urinary/bowel

☐ Automatic repeated movements ☐ Change in awareness

☐ Muscle stiff / twitch in ________

Student/Classroom: _____

NURSING NOTES

DOB: _____

Date _____

Hand 2 Heart
MEDICAL STAFFING

Hand 2 Heart
MEDICAL STAFFING
394 W Main St St 202
Lehi, UT 84043
p: 801-258-1499
f: 888-529-4681

Weekly Time Sheet

Hand 2 Heart Representative: _____
Title: _____
School/Student _____
Pay Period: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	
Date						
Time In						
Time Out						**TOTAL Hours**
Day Total						
Work Performed	✓	✓	✓	✓	✓	**Comments:**
Vital Signs						
Assess						
Teach						
Suction trach						
Trach care						
G-tube feeding						
Oral feeding						
Diaper change						
Toilet						
Ambulate						
Stretch						
Reposition braces						
Physical Therapy						
Position student						
Admin medication						
IEP goals						
Fine motor						
Vision - tracking						
Speech						
Community						
Dressing change						

To be paid, timesheet must be signed by Representative and Client. Payable hours will be calculated based on five minute increments of the times listed above. Your signature below certifies the above times are correct and no injuries were sufferred.

_____ _____
Hand 2 Heart Representative Signature Date

Client: Your signature certifies the above date(s) and times are correct. Billable hours will be assessed based on these times.

_____ _____
Client Signature Date

Weekly Time Sheet

394 W Main St St 202
Lehi, UT 84043
p: 801-258-1499
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Hand 2 Heart Representative: _____
Title: _____
Client: _____
Pay Period: _____

Day	Date	Time In	Time Out	Lunch	Classroom	Day Total	Comments
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
					Total Hours:		

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