

# ICU NURSING SHIFT FLOWSHEET

Date: \_\_\_\_\_ | Unit: \_\_\_\_\_

PATIENT NAME / ROOM  
DIAGNOSIS  
CODE STATUS

<b>Time</b>	<b>Vitals / Assessment Highlights</b>	<b>Nursing Interventions &amp; Care Tasks</b>	<b>Meds / Drips</b>
<b>07:00 - 08:00</b>		Shift Handoff / Initial Safety Check	
<b>08:00 - 09:00</b>		Head-to-Toe Assessment	
<b>09:00 - 10:00</b>		MD Rounds / Plan of Care	
<b>10:00 - 11:00</b>		Turn & Reposition / Oral Care	
<b>11:00 - 12:00</b>			
<b>12:00 - 13:00</b>		Mid-day Assessment	
<b>13:00 - 14:00</b>		Turn & Reposition	
<b>14:00 - 15:00</b>			
<b>15:00 - 16:00</b>		Turn & Reposition / Oral Care	
<b>16:00 - 17:00</b>			
<b>17:00 - 18:00</b>		Evening Assessment	

<b>Time</b>	<b>Vitals / Assessment Highlights</b>	<b>Nursing Interventions &amp; Care Tasks</b>	<b>Meds / Drips</b>
<b>18:00 - 19:00</b>		I&O Totals / Shift Wrap-up	

PRIORITY FOCUS / PENDING LABS & TESTS  
FAMILY / CONSULTS NOTES