THE UNIVERSITY OF KANSAS HOSPITAL
KUMED

Patient Label

PALLIATIVE CARE DAILY CLINICAL FLOWSHEET

Date *Time*														
Respondent	P = Patient F = Family/Proxy T = Team N = Nurse A= All O = Other													
Advance Directives	1 = yes, on chart 2= yes, not on chart 3= no, & doesn't want to discuss 4= no, but was discussed today 5 = doesn't have; patient incapacitant 6 = discussed and created/completed today 7 = not addressed today													
DNR (Y/N)														
Family meeting (Y/N) + minutes														
Symptoms	Responsive patients: 0 = none 1 = mild 2 = moderate 3 = severe Non-responsive patients: 4 = symptom not present 5 = symptom present, no intervention required 6 = symptom present, intervention required 9 = unable to rate													
Pain (current)														
Pain (min.)														
Pain (max.)														
Tired/Fatigue														
Nausea														
Depression														
Anxiety														
Drowsy/Sleepy														
Anorexia														
Dyspnea														
Other:														
Constipation														
Secretions														
Delirium														
Palliative Performance Scale %														
Perceptions	10 = perceived as comfortable 11 = perceived as not comfortable													
Family														
Team														

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Treatment	0 = no		1 = yes		2 = initiated		3 = discontinued		9 = unknown/missing Data					
Ventilator														
BIPAP/CPAP														
Oxygen														
TPN														
IV Fluids														
Tube Feeding														
Antibiotics														
Restraints														
Telemetry														
ICU Care														
Other														
Total Visit Time														
Initials														

Palliative Care Plan:

Signature/Title	Initials	Signature/Title	Initials