

Nursing Chronic Disease Flowsheet		Clinic(s):	
Inmate's Name:		Inmate Number:	Institution:

Influenza vaccine: (date) _____ Entry into CCC database

DATE: Vital signs: PEFR: _____ T _____ P _____ R _____ Wt. _____ BP _____	DATE: Vital signs: PEFR: _____ T _____ P _____ R _____ Wt. _____ BP _____	DATE: Vital signs: PEFR: _____ T _____ P _____ R _____ Wt. _____ BP _____	DATE: Vital signs: PEFR: _____ T _____ P _____ R _____ Wt. _____ BP _____
Medication Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Other:	Medication Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Other:	Medication Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Other:	Medication Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Other:
Education: <input type="checkbox"/> Diet <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> ETOH Cessation Other:	Education: <input type="checkbox"/> Diet <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> ETOH Cessation Other:	Education: <input type="checkbox"/> Diet <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> ETOH Cessation Other:	Education: <input type="checkbox"/> Diet <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> ETOH Cessation Other:
Medications: <input type="checkbox"/> Actions <input type="checkbox"/> Side effects <input type="checkbox"/> Handouts	Medications: <input type="checkbox"/> Actions <input type="checkbox"/> Side effects <input type="checkbox"/> Handouts	Medications: <input type="checkbox"/> Actions <input type="checkbox"/> Side effects <input type="checkbox"/> Handouts	Medications: <input type="checkbox"/> Actions <input type="checkbox"/> Side effects <input type="checkbox"/> Handouts
LAB DATA:	LAB DATA:	LAB DATA:	LAB DATA:
Hgb/HCT:	Hgb/HCT:	Hgb/HCT:	Hgb/HCT:
Hgb A1C:	Hgb A1C:	Hgb A1C:	Hgb A1C:
*LDL/HDL:	*LDL/HDL:	*LDL/HDL:	*LDL/HDL:
Chol/Tri:	Chol/Tri:	Chol/Tri:	Chol/Tri:
UA Microalb:	UA Microalb:	UA Microalb:	UA Microalb:
AST/ALT:	AST/ALT:	AST/ALT:	AST/ALT:
HCV VL:	HCV VL:	HCV VL:	HCV VL:
HIV VL:	HIV VL:	HIV VL:	HIV VL:
CD-4:	CD-4:	CD-4:	CD-4:
*FBS:	*FBS:	*FBS:	*FBS:
Thyroid:	Thyroid:	Thyroid:	Thyroid:
Drug Levels:	Drug Levels:	Drug Levels:	Drug Levels:
INR:	INR:	INR:	INR:

*Lipid studies should be fasting.

Nurse:	Nurse:	Nurse:	Nurse:
Clinician Initials:	Clinician Initials:	Clinician Initials:	Clinician Initials: