|  |  |
| --- | --- |
| **Identifiers:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Gender:** M / F / T / O **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Admission date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Code status: **Full DNR DNI** | **Patient problems:**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **VS:** Time\_\_\_\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_ Or / Ax / Rec / Oth  BP\_\_\_\_\_ /\_\_\_\_\_ HR \_\_\_\_\_\_\_\_ RR\_\_\_\_\_\_ O2Sat\_\_\_\_\_\_  Pain: \_\_\_/10 Location:\_\_\_\_\_\_\_\_\_Quality:\_\_\_\_\_\_\_\_\_\_\_ | **VS:** Time\_\_\_\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_ Or / Ax / Rec / Oth  BP\_\_\_\_\_ /\_\_\_\_\_ HR \_\_\_\_\_\_\_\_ RR\_\_\_\_\_\_ O2Sat\_\_\_\_\_\_  Pain: \_\_\_/10 Location:\_\_\_\_\_\_\_\_\_Quality:\_\_\_\_\_\_\_\_\_\_\_ |
| **BASIC ASSESSMENT:** | **COMPREHENSIVE ASSESSMENT:** |
| **NEURO / SENSORY: Orientatio***n x**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Awake / Alert / Drowsy / Lethargic / Confused*  **Speech:** *Clear/Slurred/Aphasic/Appropriate/Inappropriate*  **PERRLA***: Y/N Hearing Deficits: Y/N*  **Vision Deficits***: Y/N*  **ADLs:** *Independent / Set up / Total care / Other* | Assessment data: |
| **RESPIRATORY:** **O2 therapy:**  *RA /* NC L/min: \_\_\_\_\_  3. Other \_\_\_\_\_\_\_ FiO2\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | **Lung sounds** | **Rt** | **Lt** | | **Upper** |  |  | | **Middle** |  |  | | **Basses** |  |  |   **Cough:** *none / nonproductive / productive* | Assessment data:  ABG’s: |
| **CARDIOVASCULAR / BLOOD**:  **HR:** Regular/Irregular Murmur: Y/N   |  |  |  | | --- | --- | --- | | **Periph. pulses** | **Rt** | **Lt** | | **Upper extr.** |  |  | | **Lower extr.** |  |  |   **Apical Pulse:\_\_\_\_**\_\_\_ **Cap. Refill**:\_\_\_\_\_\_\_\_\_\_\_\_\_  **Edema:** Y/N Location:\_\_\_\_\_\_\_\_\_\_ +1 +2 +3 +4 | Assessment data:  **labsymbol_2**CBC: Date\_\_\_\_\_\_\_\_\_ Coags: Date:\_\_\_\_\_\_\_\_\_ |
| **GASTROINTESTINAL:** Continent: *Y / N* Flatus: *Y / N*  **Abdomen:** *soft / hard / masses* (Location) \_\_\_\_\_   |  |  |  | | --- | --- | --- | | BS | Lt | Rt | | Upper |  |  | | Lower |  |  |   **Feed:** *self / assist/ total T*ube: NGT / GT / JT  **Diet:** *reg. / liquid / soft / NPO / TF / other\_\_\_\_\_\_\_\_\_\_*  **Intake(%):** *Brk:\_\_\_\_\_\_\_ Snack:\_\_\_\_\_\_ Lunch:\_\_\_\_\_*\_  **Weight:** \_\_\_\_\_\_\_\_date:\_\_\_\_\_\_\_ Last BM: \_\_\_\_\_\_\_\_\_\_ | Assessment data : |
| **GENITOURINARY: Continent:** *Y / N* **Foley:** *Y / N*  **Urine:**  Amt:\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_ Odor**:** *Y / N cloudy/clear* | Assessment data:  labsymbol_1Lytes: Date \_\_\_\_\_\_\_\_\_\_ |
| **INTEGUMETARY:** *Warm / Cold / Elastic / Tenting*  **Intact:** Y/N *Wound location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Type:\_\_\_\_\_\_\_\_\_\_\_\_ Dressing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **IV site**:\_\_\_\_\_\_\_\_\_\_\_\_ SL / Fluids:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IV Site Assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment data: |
| **MUSCULOSCELETAL:**  **Activity:** No limit / Bedrest / Bedrest with BR privilege   |  |  |  | | --- | --- | --- | | **Strength** | **Rt** | **Lt** | | **Upper extr.** |  |  | | **Lower extr.** |  |  |   **Mobility:** Independent / Assistance X \_\_\_\_\_ / Total  **Assistive devices:** Walker / Crutches / Other  **PT / OT Referral**: Y / N | Assessment data: |
| **PSYCHOSOCIAL:**  **Affect:** *Normal / Withdrawn / Agitated / Other*  **Significant other:** *Y / N* **Assistance at home:** *Y / N*  **Living situation:** *Home / Facility / Homeless / Other*  **Religion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Hx of Substance abuse:** *N / Y (describe)*  **Discharge disposition:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Ericson stage:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment data: |
| **NURSING PRIORITIES:** | **PLAN OF CARE:** |
| **1. Nursing Dg / Clinical Impression (3 part)** | **Goal:**  **Intervention(s):**  1.  2.  3. |
| **2. Nursing Dg / Clinical Impression (3 part)** | **Goal:**  **Intervention(s):**  1.  2.  3. |
| **3. Nursing Dg / Clinical Impression (3 part)** | **Goal:**  **Intervention(s):**  1.  2.  3. |