|  |  |
| --- | --- |
| **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 / OthBP\_\_\_\_\_ /\_\_\_\_\_ HR \_\_\_\_\_\_\_\_ RR\_\_\_\_\_\_ O2Sat\_\_\_\_\_\_Pain: \_\_\_/10 Location:\_\_\_\_\_\_\_\_\_Quality:\_\_\_\_\_\_\_\_\_\_\_ | **VS:** Time\_\_\_\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_ Or / Ax / Rec / OthBP\_\_\_\_\_ /\_\_\_\_\_ 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\_\_\_\_\_\_

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| **Lung sounds** | **Rt** | **Lt** |
| **Upper**  |  |  |
| **Middle** |  |  |
| **Basses** |  |  |

**Cough:** *none / nonproductive / productive*  | Assessment data: ABG’s:  |
| **CARDIOVASCULAR / BLOOD**: **HR:** Regular/Irregular Murmur: Y/N

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| **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

|  |  |  |
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| **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. |