

Faculty Name: _____

1. ADMISSION INFORMATION

Date of Care: 11-13-18	Pt. Name: P.M.	Admission Date: 11-13-18	Age: 79	Gender: M	Growth and Development (Erikson):	Ethnicity: White	Occupation: retired	Spiritual Beliefs: Catholic
Reason for Hospitalization/Chief Complaint (in pt's own words):		Surgical Procedures/Date:		Medical Diagnoses History: (Present and past diagnoses, Physician's History and Physical notes in the chart, nursing intake assessment, with length of history if possible) - Hypertension - A-fib - Chronic prostatic hyperplasia				
Admitting Medical Diagnosis: Acute chole		History of Present Illness:						

ADVANCE DIRECTIVES (Nursing Admission Assessment):

Living Will: ☐ Yes ☒ No	Durable Power of Attorney: ☐ Yes ☒ No	Code status: ☒ Full Code ☐ DNR (Do Not Resuscitate)
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2. MEDICATIONS

ALLERGIES:

Drug	Classification	Dosage	Route	Frequency (time due)	Purpose	Nursing Considerations
Protonix (pantoprazole)		40 mg	IV push	daily		
Zosyn		3.375	IV PB	q 8 hrs.		
Reglan		10 mg	IV push	3x dy		
Labetalol		20 mg	IV push	q 4 hrs		
amiodarone		200 mg	PO	two x dy		
heparin		5000 unit/mL		inject	sub-q (9/12 hrs)	
amlodipine (Norvasc)		10 mg tab	PO			
Diflucan		100 mg	IV PB	2 x per dy		

3. LABORATORY DATA

Test	Norms	On admission	Current value	Test	Norms	On admission	Current value
WBC				Sodium			
Hemoglobin				Potassium			
Hematocrit				Calcium			
Platelets				BUN			
PT				Creatinine			
INR				Magnesium			

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aPTT				Blood Glucose			
HA1c				Urinalysis			
BNP				Cultures blood/sputum			

DIAGNOSTIC TESTS		
Chest X-ray:	EKG:	Abnormal studies:
Abnormal studies:	Abnormal studies:	Abnormal studies:

4. PHYSIOLOGICAL DATA-VITAL SIGNS	
Vital Signs: Temp _____ °F / °C ☐ Axillary ☐ Tympanic ☐ Oral ☐ Core ☐ Rectal Pulse _____ ☐ Apical ☐ Radial Respiratory Rate _____ ☐ Even/regular ☐ Labored/SOB ☐ Dyspnea on Exertion BP _____ / _____ ☐ Supine ☐ Sitting ☐ Standing	Admission weight: _____ Yesterday's weight _____ Today's weight _____ Height _____

5. NEUROLOGICAL/SENSORY				
Orientation: ☐ Time ☐ Place ☐ Person ☐ Purpose	Sensation: ☐ Normal ☐ Impaired ☐ Absent			
Pain: Grade ____ /10 Scale used: ☐ 0-10 Numeric ☐ FLACC ☐ Wong-Baker FACES Pain Location: _____ Character: ☐ Sharp ☐ Dull ☐ Ache ☐ Heavy ☐ Pinprick ☐ Cramp ☐ Other _____	What makes the pain worse: _____ _____ What makes the pain better: _____ _____ _____			
Level of Consciousness: ☐ Alert ☐ Lethargic ☐ Obtunded ☐ Stuporous ☐ Semicomatose ☐ Coma				
Coordination: ☐ Symmetrical ☐ Asymmetrical ☐ Unsteady	PERRLA : # _____ mm ☐ Brisk ☐ Sluggish ☐ Fixed ☐ Nystagmus  1 2 3 4 5 6 7 8mm			
Strength: _____ Right arm _____ Left arm _____ Right leg _____ Left leg 0=No movement 1=Trace movement 2=Moving, not against gravity 3=Moving against gravity, not against resistance 4=Moving against gravity, some resistance 5=Full power	Glascow Coma Scale: Total of all 3 columns _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> Eyes 4=Open spontaneously 3=To speech 2=To pain 1=None Total _____ </td> <td style="width:33%; vertical-align: top;"> Motor 6=Obeyes command 5=Localizes pain 4=Withdraws 3=Flexion 2=Extension 1=None Total _____ </td> <td style="width:33%; vertical-align: top;"> Verbal 5=Oriented 4=Confused 3=Inappropriate words 2=Incomprehensible words 1=None Total _____ </td> </tr> </table>	Eyes 4=Open spontaneously 3=To speech 2=To pain 1=None Total _____	Motor 6=Obeyes command 5=Localizes pain 4=Withdraws 3=Flexion 2=Extension 1=None Total _____	Verbal 5=Oriented 4=Confused 3=Inappropriate words 2=Incomprehensible words 1=None Total _____
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Touch: ☐ Normal ☐ Decreased	Smell: ☐ Normal ☐ Decreased			
Hearing: ☐ Normal ☐ Tinnitus ☐ HOH ☐ Hearing Aid ☐ Deaf				

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Vision: ☐ Normal ☐ Glasses ☐ Contacts ☐ Cataracts ☐ Glasses ☐ Glaucoma ☐ Blurred vision ☐ Diplopia	
Neurosensory comments:	
Nursing Diagnosis:	
6. CIRCULATORY/CARDIOVASCULAR	
Color: ☐ Pink ☐ Pale ☐ Jaundice ☐ Flushed ☐ Cyanotic ☐ Mottled ☐ Dusky	Capillary refill: ☐ <3 seconds ☐ >3 seconds
Skin: ☐ Dry ☐ Moist ☐ Clammy ☐ Warm ☐ Cold ☐ Hot	Tele monitored rhythm: _____
Peripheral Edema: ☐ None ☐ +1 ☐ +2 ☐ +3 ☐ +4 ☐ Pitting ☐ Non-pitting Location: _____	Heart Sounds: ☐ S1 ☐ S2 Rhythm: ☐ Regular ☐ Irregular
	Implanted Pacemaker: ☐ Yes ☐ No
Peripheral pulses: Right radial ☐ Present ☐ Absent Left radial ☐ Present ☐ Absent Right pedal ☐ Present ☐ Absent Left Pedal ☐ Present ☐ Absent	
Circulatory Comments:	
Nursing Diagnosis:	
7. RESPIRATORY/PULMONARY	
Breath Sounds: ☐ Clear ☐ Diminished ☐ Absent ☐ Crackles ☐ Wheezes Location: ☐ Throughout ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ LLL	Pattern: ☐ Regular ☐ Irregular Character: ☐ Full ☐ Shallow ☐ Deep ☐ Labored ☐ SOB
Sputum: ☐ White/Clear ☐ Tan ☐ Yellow ☐ Green ☐ Rusty ☐ Pink ☐ Red	Amount: ☐ Small ☐ Moderate ☐ Large
Cough: ☐ None ☐ Nonproductive ☐ Productive ☐ Suctioning required Secretions: ☐ Yes ☐ No Consistency: ☐ Frothy ☐ Thick ☐ Thin	Pulse Oximeter: _____ % Oxygen: ☐ Room air O ₂ _____ L/min. or O ₂ _____ % Mode: ☐ N/C ☐ Mask ☐ Trach
Suctioning Method: ☐ Oral ☐ Nasotracheal ☐ ETT ☐ Trach ☐ Bulb	ABGs: pH _____ pO ₂ _____ pCO ₂ _____ HCO ₃ _____
Respiratory Comments:	
Nursing Diagnosis:	
8. NUTRITION/HYDRATION	
Diet: ☐ NPO ☐ Regular ☐ Cl. Liquid ☐ Full liquid ☐ Soft ☐ Pureed ☐ Other _____	Aspiration Risk: ☐ Yes ☐ No
Feeding Method: ☐ Self ☐ Assisted ☐ NG ☐ G-Tube ☐ J-Tube Parenteral Nutrition: ☐ TPN ☐ PPN	Nausea: ☐ Yes ☐ No Vomiting: ☐ Yes ☐ No Flatus: ☐ Yes ☐ No
Tube Feeding Formula: _____ Rate: _____ mL/hr. Residual: ☐ No ☐ Yes Amt. _____ mL.	
Weight: ☐ Gain _____ # lbs/kg ☐ Loss _____ # lbs/kg ☐ No change	Mucous Membranes: ☐ Dry ☐ Moist Skin Turgor: ☐ No problem ☐ Tenting ☐ Taut
Intake: PO 480 240 IV 150	Output: Urine 950 700 NG _____
24 hour net I/O: +/- 560	

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NG _____ Blood _____ Other _____ 24 hour total _____	Emesis _____ Stool _____ Drains _____ Other _____ 24 hour total _____	
Nutrition/Hydration comments:		
Nursing Diagnosis:		
9. GI/FECAL ELIMINATION		
Bowel Sounds: ☐ Absent ☐ Hypoactive ☐ Active ☐ Hyperactive Abdomen: ☐ Soft ☐ Flat ☐ Distended ☐ Round ☐ Firm ☐ Tender ☐ Flatus Last BM: _____ Stool: ☐ Formed ☐ Soft ☐ Hard ☐ Liquid # _____	Location: ☐ RUQ ☐ RLQ ☐ LUQ ☐ LLQ ☐ Throughout Ostomy: ☐ No ☐ Yes Type: _____ Color: ☐ Brown ☐ Black/Tarry ☐ Clay/Gray ☐ Yellow ☐ Green	Incontinence: ☐ Yes ☐ No
Fecal Elimination Comments:		
Nursing Diagnosis:		
10. GU/URINARY ELIMINATION		
Urine: ☐ Clear ☐ Cloudy ☐ Sediment Last void: time _____ amount _____ mL	Color: ☐ Straw ☐ Yellow ☐ Amber ☐ Pink ☐ Red Catheter: ☐ None ☐ In/Out ☐ Condom ☐ Foley ☐ Suprapubic Insertion date: _____	
Symptoms: Frequency: ☐ Urgency: ☐ Dysuria: ☐ Nocturia: ☐ Incontinence: ☐ Yes ☐ No		
Urinary Elimination Comments:		
Nursing Diagnosis:		
11. REST AND EXERCISE		
Activity: ☐ Bed rest ☐ BSC ☐ BRP ☐ Chair ☐ Ambulate Functional level: ☐ Independent ☐ Dependent ☐ Assistance ROM: ☐ Active ☐ Passive ☐ Assistive ☐ Limited ☐ Full Cast/Brace/Traction: Type _____ Location _____	Mobility Aids: ☐ Cane ☐ W/C ☐ Crutches ☐ Walker Gait: ☐ Steady ☐ Unsteady ☐ Unable to ambulate Sleep Patterns: ☐ Uninterrupted ☐ Interrupted ☐ Insomnia ☐ Day time sleepiness # hrs sleep/night _____ Restraints: Type _____ Location _____	
Rest and Exercise Comments:		

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Nursing Diagnosis:

MORSE FALL SCALE/RISK SCREENING

Variables		Score	To obtain the Morse Fall Score add the score from each category. Morse Fall Score ☐ High Risk 45 and higher ☐ Moderate Risk 25-44 ☐ Low Risk 0-24
History of Falls within last 12 months	No	0	
	Yes	25	
Secondary Diagnosis	No	0	
	Yes	15	
Ambulatory Aids	None/bedrest/nurse assist	0	
	Crutches/cane/walker	15	
	Furniture	30	
IV or IV access	No	0	
	Yes	20	
Gait	Normal/bedrest/wheelchair	0	
	Weak	10	
	Impaired	20	
Mental Status	Know own limits	0	
	Overestimates or forgets limits	15	
Total			

Rest and Exercise Comments:

Nursing Diagnosis:

12. SKIN INTEGRITY/INTEGUMENTARY

PATIENT PROFILE DATABASE

Skin Condition: ☐ Intact ☐ Skin tear ☐ Bruise ☐ Rash ☐ Burn ☐ Wound/Ulcer (complete documentation)

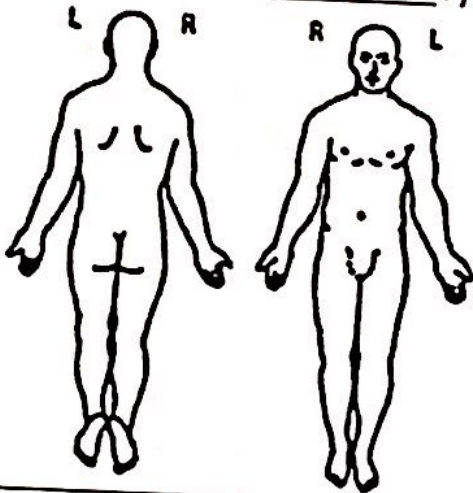
Location _____ Stage _____

☐ Incision ☐ Other _____

Location#1 _____ Type of condition _____ ☐ Drainage _____ ☐ Odor _____

Location#2 _____ Type of condition _____ ☐ Drainage _____ ☐ Odor _____

Location#3 _____ Type of condition _____ ☐ Drainage _____ ☐ Odor _____



Indicate location or intact:

S Surgical site	M Edema
B Burn	R Rash
E Ecchymosis	D Dressing
F Fracture/Cast	N Inflammation
Pe Petechiae	G Gangrene/Necrosis
P Pressure ulcer & stage _____	
O Other _____	

I IV Site	A Drains
Patent	None
Swollen	Penrose
Red	Hemovac
Infiltrated	JP

Braden Scale					Score
Sensory	1. Completely limited	2. Very limited	3. Slightly limited	4. No Impairment	
Moisture	1. Constantly moist	2. Very moist	3. Occasionally moist	4. Rarely moist	
Activity	1. Bedfast	2. Chairfast	3. Walks occasionally	4. Walks frequently	
Mobility	1. Completely immobile	2. Very limited	3. Slightly limited	4. No limitations	
Nutrition	1. Very poor	2. Probably inadequate	3. Adequate	4. Excellent	
Friction and Shear	1. Problem	2. Potential problem	3. No apparent problem	Score of 18 or less = at risk	

IV sites: ☐ Patent ☐ Swollen ☐ Red ☐ Infiltrated Location: _____ Gauge Needle: _____ Start date: _____

Skin Comments:

Nursing Diagnosis:

13. HORMONE REGULATION/REPRODUCTION/ENDOCRINE

Thyroid Disease: ☐ Yes ☐ No Estrogen Use: ☐ Yes ☐ No Testosterone use: ☐ Yes ☐ No Steroid use: ☐ Yes ☐ No

Diabetes: ☐ Yes ☐ No ☐ Type I ☐ Type II Number of year with diabetes: _____

14. PSYCHOSOCIAL VARIABLES

Mood/Affect: ☐ Cooperative ☐ Cheerful ☐ Angry ☐ Anxious ☐ Crying ☐ Withdrawn ☐ Flat Affect ☐ Depressed ☐ Fearful

☐ Combative

Level of education: ☐ None ☐ Elementary ☐ High School ☐ College ☐ Post Graduate

Understands directions: ☐ Yes ☐ No

Decision-making: ☐ None ☐ Concrete ☐ Abstract ☐ Impaired

Judgment: ☐ Appropriate ☐ Inappropriate ☐ Dementia

History/Evidence of: ☐ Physical Abuse ☐ Neglect ☐ Sexual Abuse ☐ Thoughts of suicide or self-harm ☐ Depression ☐

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Psychiatric history	
Recreational drug use: ☐ Drug _____ How much _____ How long _____	Alcohol use: ☐ How often _____ How much _____
Tobacco use: In the last 12 months ☐ Yes ☐ No How often _____ How much _____	
Recent life stress or loss: ☐ Yes ☐ No _____	Coping methods with current illness/hospitalization: ☐ Good ☐ Fair ☐ Poor
Body Image: ☐ Positive ☐ Negative ☐ Changing	Sexuality: ☐ Heterosexual ☐ Bisexual ☐ Homosexual ☐ Transgender ☐ Transsexual
Ability to write English: ☐ Yes ☐ No	Ability to read English: ☐ Yes ☐ No
Language Barrier: ☐ None ☐ ESL ☐ Speech Impediment ☐ Intubated ☐ Trached	Support System: ☐ Yes ☐ No Living Situation: _____
Psychosocial Comments:	
Nursing Diagnosis:	
Narrative Charting:	