Nursing Assessment on Patient (GOPC)	Patient Name	
	OPD Number	HKID No
	Sex / Age	

Diagnosis: 1	Patient ID checked on: Staff name:
2	

History of Past History:

Chief Complaint:

Fall Risk Assessment: **Score**_____ ❑ Not at risk ❑ Low risk 25-50 ❑ High risk ≥51

History of fall : ❑ No(0) ❑ Yes (25) ; *Mental status* : ❑ Oriented toward own ability (0) ❑ *overestimates/forgets limitations (15)

Uses ambulatory aids: ❑ *None / bedrest / nurse assist (0) ❑ *crutch / cane / warlking frame (15) ❑ holds on to furniture (30)

Gait : ❑ *normal / bedrest / wheelchair (0) ❑ weak (10) ❑ impaired (20); *Has *Intravenous therapy / saline lock:* ❑ No (0) ❑ Yes (20)

Secondary diagnosis : ❑ No (0) ❑ Yes (15); **Safety advice given to *** Patient/ relative on :_____by _____

General Health Information

General condition: ❑ Satisfactory ❑Fair ❑ Poor ❑ Critical

Vital Data: T ____˚C (*Tympanic / oral / Rectal) *P / AR _____/min BP _____mmHg

R _____/min SpO_2 _____% (O_2 _____ % / _____L/min)

Pain:	❑ Unassessable	❑ No	❑ Yes, Location: _____			
Mental State:	❑ Alert	❑ Confused	❑ Lethargic	❑ Semicomatose	❑ Comatose	
Emotional State:	❑ Calm	❑ Anxious	❑ Depressed	❑ Fear	❑ Irritable	❑ Aggressive
Communication:	❑ Clear	❑ Slurring	❑ Impaired	❑ Dumb	❑ Aids _____Dialect: _____	
Breathing:	❑Normal	❑ Dyspnoeic	❑ Wheezing	❑ Gasping	❑ Stertorous	❑ Home *O* therapy ❑ Tracheostomy
Coughing	❑ Nil	❑ Dry	❑ Productive	❑ Sputum (Colour / Amount):_____		
Eating & Drinking	❑ Normal	❑ Anorexia	❑ Nausea	❑ Vomit	❑ Dysphagia	❑ Indigestion

Elimination

Urination:	❑Normal	❑ Incontinence	❑ Retention	❑ Dysuria	❑ Dribbling
	❑Urgency	❑ Frequency	❑ Hesitancy	❑ Catheter	❑ Ostomy
Bowel:	❑Normal	❑ Constipation	❑ Incontinence	❑ Diarrhoea	
	Usual Habit: _____ times (*day/week)			❑ Ostomy	

Social History Education: _____ Religion:_____❑Live alone / OAH ❑Live with_____

Other Relevant Data:

Assessed by: **Signature:**

Designation: **Date:** **Time:**

Nursing assessment on patietn (GOPC)

Note:A qualified nurse should check and countersign on the Nursing Assessment if the caption is done by a trainee/nurse learner.

❑ Tick (✓); * Circle of Fill in as appropriate