Nassau Community College
Department of Nursing

Student Name: _____

Date: _____ Rm #_____
Patient Initials: _____
Faculty_____

Situation
Admit Date:__/__/____DOB: _____
Admitting Diagnosis:_____
Chief Complaint/HPI: _____

CORE MEASURES (CMS, HHIP, NQF, etc.):
□ AMI □ Pneumonia □ COPD □ Sepsis
□ SCIP □ Stroke □ CHF
(CMS-Center for Medicare & Medicaid Services, HHIP-Housing & Homelessness Incentive Program, NQF-National Quality Forum, SCIP- Surgical Care Improvement Project)

VTE: □ Anticoagulants □ SCD □ Ambulation □ Fluids □ Other
_____

ISOLATION/TYPE: □ Standard □ Contact □ Airborne □ Droplet

PMH/Comorbidities: _____
_____
_____
_____

PSH: _____
Allergies and the reaction: _____
Advance Directives:
□ DNR □ DNI □ MOLST □ Health Care Proxy □ Living Will
(MOLST-Medical Orders for Life Sustaining Treatment)

Braden Scale Score _____

Fall Risk Score/Morse Scale _____

Background

Anticipated date of discharge: _____/___/_____
□**Activity**_____
□**Diet** _____

□**Consults: _____/_____/_____**
□**Immunization status &date:**
□**Flu**_____
□**Pneumonia**_____
□**Treatments: _____**
_____

□**Medications** _____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Vision: □ Intact
□ Impaired
□ Prosthesis
□ Glasses/Contacts

Hearing: Hearing Aide □R □L
□ HOH

ADL's	Independent	Dependent
Hygiene	□	□
Toileting/Dressing	□	□
Ambulating	□	□
Feeding		

Notes:_____ _____ _____ _____	**Notes:**_____ _____ _____ _____

Assessment: **Vital Signs**:

Time: _____ **Time: _____**
Temp: _____ **Temp:_____**
HR: apical__radial__ **HR: apical__radial__**
RR: _____ **RR: _____**
BP: _____ **BP: _____**
Pain Scale ___ 0/10 □ Numeric □ Visual Analog
Oxygen Saturation _____O2 Delivery system____

Notes: _____
_____
_____
_____
_____
_____
_____

NEURO STATUS **LOC –level of consciousness** □ Awake and alert □ Lethargic □ responds to verbal stimuli □ responds to tactile stimuli □ responds to painful stimuli □ Comatose □ unresponsive	**Orientation** □ person □ place □ time □ situation □ disoriented	**Neuromuscular: Motor Control (Identify extremity)** □ Weak □RUE □LUE □ Strong □RUE □LUE □ Weak □RLE □LLE □ Strong □RLE □LLE Spastic □R ___ □ L ____ Flaccid □R ___ □L ____ Contracted □R ___ □L ___	**Sensation (Identify location)** □ Paresthesia □R__ __□L_____ □ Numbness □R ___ □L_____ □ Intact □R ___ □L_____ □ Additional comments: _____
RESPIRATORY STATUS **Respirations** **Rhythm:** □ Regular □ Irregular **Depth:** □ Shallow □ Deep **Effort:** □ Labored □ Non labored □ Dyspnea □ DOE **Rate:** □ Bradypnea □ Tachypnea	**Breath Sounds (Location)** Clear □R □L Crackles □R □L Wheeze □R □L Diminished □R □L Rhonchi □R □L	**Cough** □ Nonproductive □ Productive **Sputum** □ None □ White □ Yellow □ Green □ Pink □ Bloody **Sputum Viscosity** □ Thick □ Thin □ Frothy	**O2 therapy/liters** □ Nasal Cannula_____ □ Venti Mask %_____ □ Partial Non-rebreather _____ □ Ventilator O2_____ □ Concentration/liter flow_____ □ O2 Sat_____

CARDIOVASCULAR **Skin** □ Pink □ Pale/Pallor □ Dusky □ Mottled □ Flushed □ Jaundice □ Cyanosis □ Fontanelle (Peds)_____	**Temperature** □ Warm/Dry □ Cool □ Moist □ Dry □ Cracked □ Clammy	**Mucous Membranes** □ Moist □ Dry □ Cracked	**Turgor** □ Elastic □ Taut □ Tenting **Wound/Site_____ Size_____** **Drainage_____** **Dressing_____** **Drain Type: _____** **Amount: _____**
CARDIOVASCULAR **Edema Scale** □ 1+ (<1/4") □ 2+ (1/41/2") □ 3+ (1/21") □ 4+ (>1") Location: _____ □ N/A	**PERIPHERAL** **Pulses/Site** □ Palpable_____ □ Absent_____ □ Doppler_____ **Sensation** □ Present □ Absent	**PERIPHERAL** **Capillary Refill** □ <3seconds □ >3seconds □ Absent **Color_____** **Temperature_____**	**Additional Data (ECG rhythm):** _____ _____ _____ _____ _____ _____
GI/GU **Abdomen** □ Soft □ Firm □ Distended □ Obese □ Tender □ Non-tender	**Bowel Sounds** □ Present □ Absent □ Hyperactive □ Hypoactive **Last BM_____**	**Stool Color** □ Black □ Brown □ Green □ Burgundy □ Red □ Clay □ Yellow	**Stool characteristics/Shape** □ Liquid □ Rectal Tube □ Soft □ Colostomy □ Formed □ Ileostomy □ Hard □ Rock-like □ Tubular □ Pencil\Ribbon like
Urinary □ Voids □ Continent □ Incontinent □ Indwelling catheter □ External urinary device □ Urostomy □ Nephrostomy	**Urine** **Color/Clarity** □ Pale Yellow □ Amber □ Hematuria □ Clear □ Cloudy □ Sediment	**Urinary Complaints** □ None □ Frequency □ Urgency □ Pain □ Nocturia □ Dysuria □ Hematuria	**FLUID & ELECTROLYTES** **Solution: _____** **IV Site_____** □ NS □ D5W □ D5½ □ RL □ TPN □ PPN □ Lipids □ Additives_□ □ Other_____ Rate/Hr._____ LIB_____ □ Saline Lock

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Gender: _____

Marital Status
□ Single
□ Married
□ Divorced
□ Widowed

Erikson's Developmental level_____

Support System:
_____
_____
_____
_____

Community
Lives in: □ **House**
□ **Apt.**
□ **SNF**
□ **Other**

Education Level: _____

Religion: _____

Culture:_____

Occupation: _____

Smoking: _____

Alcohol: _____

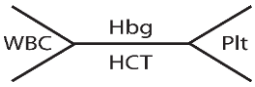
Food/Nutrition: _____

Mood:
□ Irritable □ Angry □ Fearful
□ Hopeless □ Sad □ Ambivalent
□ Happy □ Pleasant

Behavior:
□ Calm □ Cooperative □ Restless
□Tense □ Crying □ Agitated
□ Anxious

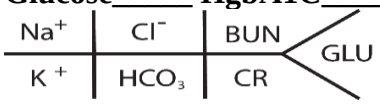
NUTRITION:
Height_____ **Weight/Kg**_____ **BMI**_____ **% Growth Chart**_____ □**Aspiration Precautions**
□No Gag reflex
□Dysphagia
Dentures: □**U** □ **L**
Diet _____
Food preference_____
Amount Meal Consumed: □25% □50% □75% □100% □**TPN** □**PPN** □**Tube feed solution**_____ **Rate**_____

LAB WORK
Date:_____
Complete Blood Count:
WBC_____
Hgb _____
Hct _____
Plts _____



Electrolytes:
Na+_____ **PTT**_____
K+_____ **PT**___
INR__
Bun_____ **Cr**_____
Albumin_____

Glucose_____ **HgbA1C**_____



Intake	**Output**
_____	_____
_____	_____
_____	_____
_____	_____

Notes:_____
_____
_____
_____

Recommendations (Identification of 3 Problems and 5 Immediate Interventions for each).

Patient Problem (Physiological) **#1**:_____ **Plan of Care/Interventions**:	**Patient Problem (Physiological)** **#2:**_____ **Plan of Care/Interventions**:	**Patient Problem (Psychosocial)** **#3**:_____ **Plan of care/Interventions**:
1._____ _____ 2._____ _____	1._____ _____ 2._____ _____	1._____ _____ 2._____ _____

3._____	3._____	3._____
4._____	4._____	4._____
5._____	5._____	5._____

NURSES
NOTE:_____