Student:_____ **Clinical Instructor**: _____

Patient Care Summary Assignment Rubric

Patient Care Summary (PCS)		**75 Total Possible Points**
Page 1		
Patient Demographics	6.5 points	
Vital Signs	7 points	
Nutrition	3 points	
Hygiene	2 points	
Mobility	1 point	
Intake/ Output	2 points	
Page 2		
Treatment & Procedures	1 point	
IV Site & Fluids	1 point	
Lab Test	11 points	
Page 3		
Drugs/Dose/Route/Time	4 points	
Classification	2 points	
Why	4 points	
Side Effects	4 points	
Nursing Implications	4 points	
Page 4		
Medical Diagnosis	½ point	
Disease definition & Patho	3 points	
Causes, Risk factors, etc.	4 points	
Signs and Symptoms	2 points	
Medical Treatment	2 points	
Nursing Care	3 points	
Reference	½ point	
Page 5		
Patient Teaching	6 points	
Safety	1.5 Points	
PCS Total Points		

Care Plan (CP)		**25 Total Possible Points**
Maslow's Priority	1/2 point	
Related to	1/2 point	
As manifested by	1/2 point	
Subjective data	2 points	
Objective data	2 points	
Outcome	1 point	
Time	1 point	
Implementation	15 points	
Evaluation	2.5 points	
CP Total Points		

PCS points _____ **+ CP Points** _____ **=** _____ **Final Grade**

Student Name: Date: Clinical Instructor:

TEMPLE COLLEGE VOCATIONAL NURSING PATIENT CARE SUMMARY
CLINICAL- LVN TRAINING II

Patient's Initials:	**Age**:	**Gender:**	**Unit/Rm#**	**Admitting Physician**:
Date of Admission:	**Admitting Diagnosis**:			**Code Status**: Full Code DNI DNR
Allergies (Drugs and/or Food):				**Height**: **Weight**:
History of present illness: (What brought the patient to the hospital?)				
Surgical procedure on this admission (If applicable):				

Vital Signs — ***Minimum of 2 Sets of V/S***

Frequency (circle one): Daily Every 12 hours Every 8 hours Every 6 hours Every 4 hours Other:_____

Date & Time	Temp & Route	Pulse & Location	Respirations	Blood Pressure & Location	O_2Sat & Oxygen

Pain — No ☐ Yes ☐ **If Yes, Describe:**

Nutrition

Day 1: Diet Type_____ **NPO** ☐

Breakfast: ☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ 0%
Lunch: ☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ 0%
Dinner: ☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ 0%

If applicable: **Tube Feed: (Specify type)**_____
Tube Feeding Residual: _____

Hygiene

☐ **Bath** ☐ **Shower**	**Oral Care**	**Shave**	**Peri Care**
☐ Self	☐ Self	☐ Self	☐ Self
☐ Assist	☐ Assist	☐ Assist	☐ Assist
☐ Total	☐ Total	☐ Total	☐ Total
☐ Refused	☐ Refused	☐ Refused	☐ Refused

Mobility — **Specify** ☐ BR ☐ BRP ☐ Ambulatory ☐ Amb. Assist ☐Total **Assistive Devices**:_____

Intake/Output

Intake						**Output**				
7a-7p	PO	IV	NG & Flush	Enteral	Total	Urine	NG/Emesis	Stool	Drains	Total

Student Name: Date: Clinical Instructor:

Treatment/ Procedures	(Examples: Dressing changes, Blood Glucose Tests…)
Intravenous Catheter (IV) • **Site** • **Fluids**	**Location of IV Site:** **Type of IV Fluids:**

Diagnostic Studies (List the following lab tests type, results, and significance of each)

	Normal Value	Result & Date:	Result: High/Low?	How do the results apply to the patient?
WBC	/mm^3			
RBC	/mm^3			
HGB	g/dL			
HCT	mL/dL			
PLT	/ mm^3			
BUN *Blood Urea Nitrogen*	mg/dL			
Creatinine	mg/dL			
Sodium	mEq/L			
Potassium	mEq/L			
Chloride	mEq/L			
PT/INR	PT: seconds INR:			

Student Name: Date: Clinical Instructor:

Drug/Dose/Route/Time	Classification	Why is the patient on this drug? Be Specific	Medication's Side Effects	Nursing Implications
Drug: Dose: Route: Time(s):				
Drug: Dose: Route: Time(s):				
Drug: Dose: Route: Time(s):				
Drug: Dose: Route: Time(s):				

Student Name: Date: Clinical Instructor:

Disease Research
Medical Diagnosis:
Disease Definition & Pathophysiology (Describe the processes & changes within the body that result in the signs and symptoms of the disease).
Describe the Causes, Risk Factors, Complications, and Disease Prognosis:
Cause: **Risk Factors:** **Complications:** **Disease Prognosis:**
Textbook Signs/Symptoms (Underline the signs and symptoms your patient had):
Textbook Medical Treatment:
Textbook Nursing Care:
Reference: (Name of the textbook and page number):

Student Name: Date: Clinical Instructor:

Describe the Teaching you did with your patient.
Patient Teaching: Briefly summarize your patient teaching including topic, content, method of evaluation, and results of evaluation)

Topic:

Content:

Patient education given to: ☐ Patient ☐ Family/Significant Others

Method/s of patient teaching (Choose all that apply): ☐ Verbal explanation ☐ Handouts ☐ Demonstration ☐ Video

Method & Results of Evaluation:

☐ Patient/significant other verbalized understanding ☐ Return demonstration ☐ Restates information ☐ Needs follow-up

Community Resources/Referrals: What resources would your patient benefit from? (e.g., American Diabetes Association, Local health department, social services, chaplain, etc.)

Safety Precautions:

Describe the SAFETY issues you addressed with your patient:	**Identify:** ***Select all that apply***			
_____	☐ Call Light within reach	☐ Nonskid footwear	☐ Hand Hygiene	☐ Side rails up X: 1 2 3
_____	☐ Patient education	☐ 2 Pt identifiers	☐ Room orientation	☐ Bed in lowest position
_____				