

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 III

| | | | | | | | | | | | |
|---|--|--------------|------------------|----------------------|--|----------------------------------|----------------------------------|------------------------------------|-------|---------|-------|
| 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 <u>Minimum</u> <u>of 2 Sets</u> <u>of V/S</u> | 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 ₂ Sat & Oxygen | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Pain | No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Describe: _____ | | | | | | | | | | |
| Nutrition | Day 1: Diet Type _____ NPO <input type="checkbox"/> | | | Hygiene | | | | | | | |
| | Breakfast: <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> 0% Lunch: <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> 0% Dinner: <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> 0% | | | | <input type="checkbox"/> Bath <input type="checkbox"/> Shower | Oral Care | Shave | Peri Care | | | |
| | If applicable: Tube Feed: (Specify type) _____ Tube Feeding Residual: _____ | | | | <input type="checkbox"/> Self | <input type="checkbox"/> Self | <input type="checkbox"/> Self | <input type="checkbox"/> Self | | | |
| | | | | | <input type="checkbox"/> Assist | <input type="checkbox"/> Assist | <input type="checkbox"/> Assist | <input type="checkbox"/> Assist | | | |
| | | | | | <input type="checkbox"/> Total | <input type="checkbox"/> Total | <input type="checkbox"/> Total | <input type="checkbox"/> Total | | | |
| | | | | | <input type="checkbox"/> Refused | <input type="checkbox"/> Refused | <input type="checkbox"/> Refused | <input type="checkbox"/> Refused | | | |
| Mobility | Specify <input type="checkbox"/> BR <input type="checkbox"/> BRP <input type="checkbox"/> Ambulatory <input type="checkbox"/> Amb. Assist <input type="checkbox"/> Total Assistive Devices: _____ | | | | | | | | | | |
| Intake/Output | Intake | | | | | | Output | | | | |
| | 7a-7p | PO | IV | NG & Flush | Enteral | Total | Urine | NG/Emesis | Stool | Drains | Total |
| | | | | | | | | | | | |

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| | | | | |
|--|---|---------------------------|------------------------------|--|
| Treatment/ Procedures | (Examples: Dressing changes, Blood Glucose Tests...) | | | |
| Intravenous Catheter (IV) | Location of IV Site: Type of IV Fluids: <ul style="list-style-type: none"> • Site • Fluids | | | |
| Diagnostic Studies (List the following lab tests type, results, and significance of each) | | | | |
| | Normal Value | Result & Date: | Result: High/Low? | <u>How</u> do the results apply to the patient? |
| WBC | /mm ³ | | | |
| RBC | /mm ³ | | | |
| HGB | g/dL | | | |
| HCT | mL/dL | | | |
| PLT | / mm ³ | | | |
| BUN <i>Blood Urea Nitrogen</i> | mg/dL | | | |
| Creatinine | mg/dL | | | |
| Sodium | mEq/L | | | |
| Potassium | mEq/L | | | |
| Chloride | mEq/L | | | |
| PT/INR | PT: seconds | | | |
| | INR: | | | |

Student Name:

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| Drug/Dose/Route/Time | Classification | Why is the patient on this drug? <u>Be Specific</u> | 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:

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

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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