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| **Temple College Vocational Nursing Program**  **VNSG 1460 Clinical LVN Training II**  **(Highlight All Abnormal Findings)**  **Name: Paul Briery**  **Date of Assessment: 11/11/2024**  **Clinical Instructor: Dr. X** | | | | | |
| **Demographics** | | | | | |
| **Patient’s initials** | | EW | **Age** | | 43 |
| **Code Status** | | Full | **Gender** | | F |
| **Allergies** | | Hydrocodone Cefadroxil | | | |
| **Isolation** | No  Yes:  contact  extended contact  droplet  airborne  neutropenic | | | | |
| **Date of Admission** | | 11/4/2025 | | | |
| **Admitting Diagnosis** | | Fever of unknown origin | | | |
| **Reason for admission (client’s own words)** | | | | Been with fever since 10/28/2024 | |
| **Medical History** | | Abscess upper left chest, osteomyelitis in left clavicle | | | |
| **Surgical History** | | Removal of tumor right ankle, removal of abscess upper left chest, carpal tunnel right wrist, tubal ligation | | | |

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| **Psychosocial/ Communication** | | | |
| **Marital Status** | M | **Significant Others** | Mark |
| **Highest level of education** | Some college | **Occupation** | Veterinarian Technician |
| **Primary Language** | English | **Does the client/family understand English?**  No  Yes | |
| ***Is the client able to:*** |  | | |
| Read | No  Yes | Evidence: Was reading book when walked in | |
| Write | No  Yes | Evidence: Asked if able to write. | |
| Speak Understandably | No  Yes | Evidence: Held conversation | |
| Communicate Basic Needs | No  Yes | Evidence: Held conversation | |
| ***Does the client have:*** |  | | |
| Hearing impairment: | No  Yes  **If Yes**, **Hearing Aids:  Yes  No** | | |
| Vision Impairment: | No  Yes  **If Yes, Glasses Contact Lenses  None/Other** | | |

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| **Participates in activities outside of the room?** | No  Yes  **If Yes, What activities?** | |
| **Alcohol Consumption** | No  Yes  **If Yes, # Of drinks per week?** | |
| **Smoking** | No  Yes  **If Yes,  Current  History**  **If Yes, # Packs/per day?**    **If Yes, # of years of smoking?** | |
| **Secondhand Smoke** | **Exposure to secondhand smoke?**  No  Yes | |
| **Visits from family & friends** | No  Yes  **If Yes, who visits?**  **Husband and children**  **If Yes, how often?**  **Once this week** | |
| **Religious Preference** | **Preference Type:**  **Christian** | |
| **Religious Activities** | No  Yes | |
| **Visits from clergy** | No  Yes | |
| **Presence of Religious Articles** | No  Yes  **If Yes, Describe Religious Articles** | |
| **Physical Safety** | | |
| **Impaired memory or judgment** | No  Yes  **If Yes, Describe**  **Acute cognitive impairment since presentation of symptoms but has been getting better as treatment progressed** | |
| **History of wandering** | No  Yes  **If Yes, Describe** | |
| **History of falls** | No  Yes  **If Yes, Describe Tripped last month** | |
| **Fall Risk Assessment**   * *A checkmark on any* ***starred item*** *indicates a risk for falls.* * *A combination of four or more of the* ***unstarred items*** *indicates a risk for falls.* * *Any checked items indicate an* ***abnormal finding*** | **General Information:**  Age over 70  History of falls \*  Confusion at times  Confusion most of the time\*  Impaired memory or judgment  Unable to follow directions\*  Needs assistance with the elimination  Visual impairment  Feels Physically Weak\*  **Medications:**  Receiving central nervous system suppressants (narcotic, sedative, tranquilizer, hypnotic, antidepressant, psychotropic, anticonvulsant)  Receiving medication that causes orthostatic hypotension antihypertensive, diuretic) \*  Medication that may cause diarrhea (cathartic)  Medication that may alter blood glucose levels (insulin, hypoglycemic)  **Gait and Balance:**  Poor balance when standing\*  Balance problems when walking\*  Swaying, lurching, or slapping gait\*  Unstable when making turns\*  Needs assistive device (walker, cane, holds on to furniture) \*  **Interpretation: Risk for Falls No Risk** | |
| **Safety Precautions** | None Bed alarm Chair Alarm  Bed in lowest position  Non-skid wear  Call light in reach  Siderails up:  None X2 X3 X4  Other: | |
| **Activities of Daily Living** | | |
| **Nutrition** | | |
| **Feeding** | Independent  Assist  Total | A or T Comments: |
| **Does the client have enteral feedings?**  No  Yes  **If Yes, what is the type of enteral formula?**     * **If Yes, is the client using a pump?**   No  Yes, **If Yes, what is the rate of the pump?** | |
|  | **Does the client have a feeding tube?**  No  Yes | |
|  | **Does the client have a gastrostomy tube?**  No  Yes | |
| **Diet Type** | Regular Other, **If Other describe:** | |
| **NPO?**  No  Yes  **If Yes, what is the reason for NPO?**    **If Yes, what is the length of time for NPO?** | |
| **Fluid Restriction?**  No  Yes, **If Yes, what is the Daily Amount of fluid intake?** | |
| **Appetite** | Good Fair Poor | |
| **Breakfast:**  100%  75%  50%  25%  0%  Unable to assess, off the unit  **Lunch:**  100%  75%  50%  25%  0%  Unable to assess, off the unit  **Dinner**:  100%  75%  50%  25%  0%  Unable to assess, off the unit | |
| **Hygiene** | | |
| **Oral** | Independent Assist Total | A or T Comments: |
| **Toileting** | Independent Assist Total | A or T Comments: |
| **Bathing** | Independent Assist Total | A or T Comments: |
| **Dressing** | Independent Assist Total | A or T Comments: |
| **Grooming** | Independent Assist Total | A or T Comments: |
| **Mobility** | | |
| **Ambulation** | Independent Assist Total Unable to ambulate | |
| Ambulation aid:  No  Yes  **If Yes,  Wheelchair  Walker  Cane Holds onto Furniture** | |
| Gait: Steady  Unsteady  Shuffled  Swaying  Other: | |
| **Prosthesis** | No  Yes: **If Yes, what location is the prosthesis?** | |
| **Transfers** | Independent Assist Total | A or T Comments: |
| **Ability to Reposition Self** | Independent Assist Total | A or T Comments: |
| **ADL Comments:** | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None”* * None | |

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| **Physical Assessment** | | | | | | | | | | | | | | | | | | |
| **Vital Signs** | | | | | | | | | | | | | | | | | | |
| ***Vital Signs*** | **Date: \_11/11/2024**  **Time**: \_0803 | | | | | **Date: \_11/11/2024\_**  **Time**: \_\_1300\_\_ | | | | | | | **Normal Ranges** | | | | | |
| Temperature | 97.1°F | | | | | 98°F | | | | | | | °F | | | | | |
| Blood Pressure | 125/73 mmHg | | | | | 115/76mmHg | | | | | | | mmHg | | | | | |
| Respirations | 18 Breaths /minute | | | | | 16 Breaths /minute | | | | | | | Breaths /minute | | | | | |
| Heart Rate | 92 Beats /minute | | | | | 89 Beats /minute | | | | | | | Beats /minute | | | | | |
| SpO2 | 99% | | | | | 99% | | | | | | | % | | | | | |
| **Height/Weight/BMI** | | | | | | | | | | | | | | | | | | |
| **Height** | **71**  cm  inches | | | | | | | | | | | | | | | | | |
| **Current Weight** | **265.2**  kg  lbs. | | | | | | | | | | | | | | | | | |
| **Ideal Weight** | **136 - 172**  kg  lbs. | | | | | | | | | | | | | | | | | |
| **Current BMI** | **37.07** | | | | | | | | | | | | | | | | | |
| **Normal BMI Range** | Normal Range is  **18.5**  to  **24.9**  kg  lbs. | | | | | | | | | | | | | | | | | |
| ***General*** | | | | | | | | | | | | | | | | | | |
| **General Appearance** | Well Nourished  Emaciated  Clean  Soiled | | | | | | | | | | | | | | | | | |
| **Affect** | Appropriate  Flat | | | | | | | | | | | | | | | | | |
| **Posture:** | Erect Slouched Other: **If Other, describe:** | | | | | | | | | | | | | | | | | |
| **Level of Consciousness** | Awake  Alert  Lethargic  Obtunded  Unarousable | | | | | | | | | | | | | | | | | |
| **Orientation** | Person  Place  Time  Situation  Oriented  Confused | | | | | | | | | | | | | | | | | |
| **Pain** | No  Yes  **If Yes, Pain Scale Out of 10:**  **4** | | | | | | | | | | | | | | | | | |
| **If Yes, Pain Location:**  **Headache** | | | | | | | | | | | | | | | | | |
| **If Yes, Pain is Acute Chronic** | | | | | | | | | | | | | | | | | |
| **If Yes,**  **Subjective findings:** | | | | | **Pt stated head hurts** | | | | | | | | | | | | |
| **If Yes,**  **Objective findings:** | | | | | **Lights are dim in room and TV volume is muted** | | | | | | | | | | | | |
| **Skin** | Color | | | | Appropriate for ethnicity  Pale  Yellow  Red | | | | | | | | | | | | | |
| Temperature | | | | Warm  Hot  Cool  Cold | | | | | | | | | | | | | |
| Moisture | | | | Dry  Moist  Scaly | | | | | | | | | | | | | |
| Abnormalities | | | | No  Yes  **If Yes,  Weeping  Bruising  Scar  Open Wound If Yes, Location(s):**  **Upper left chest** | | | | | | | | | | | | | |
| Turgor | | | | Less than 3 seconds  Greater than 3 seconds | | | | | | | | | | | | | |
| **Braden Skin Assessment**  ***Reference: (Williams)*** | ***Client’s Score:*** | | | | 19 - 23 = no risk  15 - 18 = at risk  13 - 14 = moderate risk  10 - 12 = high risk  6 - 9 = severe risk | | | | | | | | | | | | | |
| **General Comments:** | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None* * Large scar on upper left chest. Tattoos on inside of both wrists | | | | | | | | | | | | | | | | | |
| ***Head and Neck*** | | | | | | | | | | | | | | | | | | |
| **Head Symmetry** | Symmetrical  Asymmetrical | | | | | | | | | | | | | | | | | |
| **Sclera** | White  Red  Yellow | | | | | | | | | | | | | | | | | |
| **Conjunctiva** | Pink  Pale  Red | | | | | | | | | | | | | | | | | |
| Moist  Dry  Drainage | | | | | | | | | | | | | | | | | |
| **Pupils** | Equal  Unequal  Round  Accommodating | | | | | | | | | | | | | | | | | |
| Reactive to light  Non-reactive to light | | | | | | | | | | | | | | | | | |
| Brisk  Sluggish | | | | | | | | | | | | | | | | | |
| Size in mm | **Before Light** | | | | | **3** | | **During Light** | | **2** | | | **After Light** | | 3 | | |
| **Ears** | Symmetrical  Asymmetrical | | | | | | | | | | | | | | | | | |
| Redness  Drainage | | | | | | | | | | | | | | | | | |
| **Nose** | Symmetrical  Asymmetrical | | | | | | | | | | | | | | | | | |
| **Dentition** | All present  Missing teeth  Caries | | | | | | | | | | | | | | | | | |
| Ability to Chew:  No  Yes | | | | | | | | | | | | | | | | | |
| Dentures:  No  Yes | | | | | | | | | | | | | | | | | |
| **Oral mucosa** | Pink  Pale  Red | | | | | | | | | | | | | | | | | |
| Moist  Dry  Drainage | | | | | | | | | | | | | | | | | |
| **Abnormalities:**  No  Yes  **If Yes, ☐ Bruising  Scar  Open Wound** | | | | | | | | | | | | | | | | | |
| **Neck** | Symmetrical  Asymmetrical | | | | | | | | | | | | | | | | | |
| **Head and Neck Comments:** | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None”* * None | | | | | | | | | | | | | | | | | |
| ***Chest*** | | | | | | | | | | | | | | | | | | |
| **Thorax** | Symmetrical  Asymmetrical | | | | | | | | | | | | | | | | | |
| Even chest rise  Uneven chest rise | | | | | | | | | | | | | | | | | |
| **Lung Sounds** | Clear:  RUL  RML  RLL  LUL  LLL  Wheezes:  RUL  RML  RLL  LUL  LLL  Rales/Rhonchi:  RUL  RML  RLL  LUL  LLL  Diminished:  RUL  RML  RLL  LUL  LLL | | | | | | | | | | | | | | | | | |
| **Cough:**  No  Yes, **If Yes,  Non-productive  Productive:** | | | | | | | | | | | | | | | | | |
| **If productive** | | Color | | | | | Pink  Yellow  Green  Clear  White | | | | | | | | | | |
| Amount | | | | | Scant  Moderate  Copious | | | | | | | | | | |
| Consistency | | | | | Frothy  Thick  Thin | | | | | | | | | | |
| Oxygen Therapy No  Yes  **If Yes, Type of device & amount:**    **If Yes,  Continuous  PRN** | | | | | | | | | | | | | | | | | |
| **Heart Sounds** | S1, S2 present  Murmur | | | | | | | | | | | | | | | | | |
| Regular  Irregular | | | | | | | | | | | | | | | | | |
| Telemetry:  No  Yes  **If Yes, Telemetry Box Number:** | | | | | | | | | | | | | | | | | |
| **Apical Pulse Rate**:  **90** | | | | | | | | | | | | | | | | | |
| **Chest Comments:** | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None”* * None | | | | | | | | | | | | | | | | | |
| ***Abdomen*** | | | | | | | | | | | | | | | | | | | |
| **Shape** | Flat  Rounded  Distended | | | | | | | | | | | | | | | | | | |
| Soft  Firm  Tender | | | | | | | | | | | | | | | | | | |
| No devices  Medical devices, **If Medical Devices Describe**: | | | | | | | | | | | | | | | | | | |
| **Bowel** | Date of Last Bowel Movement:  **11/11/2024** | | | | | | | | | | | | | | | | | | |
| Active:  RLQ  RUQ  LUQ  LLQ  Hypoactive:  RLQ  RUQ  LUQ  LLQ  Hyperactive:  RLQ  RUQ  LUQ  LLQ | | | | | | | | | | | | | | | | | | |
| Stool:  Formed  Soft  Loose  Watery | | | | | | | | | | | | | | | | | | |
| Continent  Incontinent:  **If Incontinent, Management:** | | | | | | | | | | | | | | | | | | |
| **Urinary** | Date of Last Void:  **11/11/2024** | | | | | | | | | | | | | | | | | | |
| Urine:  Clear  Cloudy  Yellow  Amber  Orange  Odor | | | | | | | | | | | | | | | | | | |
| Continent  Incontinent:  **If Incontinent, Management:** | | | | | | | | | | | | | | | | | | |
| No devices  Medical devices: **If Medical Devices Describe:** | | | | | | | | | | | | | | | | | | |
| **Abdomen Comments:** | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None”* * None | | | | | | | | | | | | | | | | | | |
| ***Extremities*** | | | | | | | | | | | | | | | | | |
| **Nails** | **Hands** | | | Smooth  Thick  Convex  Clubbing  Pink | | | | | | | | | | | | | |
| Capillary Refill:  Less than 3 seconds Greater than 3 seconds | | | | | | | | | | | | | |
| **Feet** | | | Smooth  Thick  Convex  Clubbing  Pink | | | | | | | | | | | | | |
| Capillary Refill:  Less than 3 seconds Greater than 3 seconds | | | | | | | | | | | | | |
| **Pulses**  0, absent  1+, palpable, weak  2+, present  3+, increased  4+, full, bounding | **Radial:** | | | Equal  Unequal | | | | | | **Right** | | 4 | | **Left** | | | 4 |
| **Dorsalis Pedis:** | | | Equal  Unequal | | | | | | **Right** | | 4 | | **Left** | | | **4** |
| **Edema** | None  Non-pitting: Location:  Click or tap here to enter text.  Pitting: Location:  Click or tap here to enter text.  1+ Barely detectable  2+ Indentation less than 5mm  3+ Indentation 5-10mm  4+ Indentation more than 10mm | | | | | | | | | | | | | | | | |
| **Muscle Strength**  0-None-ROM  1-Partial ROM  2-Full ROM | **Hand grips** | | | Equal  Unequal | | | | | | **Right** | | 2 | | | **Left** | | 2 |
| **Feet push/pull:** | | | Equal  Unequal | | | | | | **Right** | | 2 | | | **Left** | | 2 |
| **Extremities Comments**: | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None”* * None | | | | | | | | | | | | | | | | |
| **Date:**  **11/11/2024** | **Time:**  **1530** | | | **Signature with Credentials:** | | | | | | | | | | | | | |

**Select 2 Nursing Diagnosis:**

1. Acute pain



2. Risk of infection



**Select 4 Client’s Strengths:**

1. Strong will to identify and implement life style changes
2. Strong support system (family and friends)

3. Vigor

4. Positive attitude

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| **LAB & DIAGNOSTIC TESTS** | | | | |
|  | | | | |
| **Test** | Client’s Results | **Normal Values** | | Purpose for test for client |
|  | | | | |
| **Blood (Serum) Tests** | | | | |
| RBC | 3.24 | 3.9 – 5.3 | | Standard protocol |
| Hemoglobin (Hgb) | 10.2 | 11.6 – 15.3 | | Standard protocol |
| Hematocrit (Hct) | 30.6 | 36 – 47.2 | | Standard protocol |
| WBC | 9.17 | 3.5 – 10.3 | | Standard protocol |
| Platelets | 265 | 142 - 366 | | Standard protocol |
| **Metabolic Panel.** | | | | |
| Glucose | 99 | 70 - 99 | | Standard protocol |
| Calcium (Ca) | 8.7 | 8.4 – 10.2 | | Standard protocol |
| Chloride (Cl) | 107 | 96 - 108 | | Standard protocol |
| Magnesium (Mg) | 2.17 | 1.6 – 2.6 | | Standard protocol |
| Phosphorus (P) | Not Tested | Not Tested | | Not Tested |
| Potassium (K) | 3.9 | 3.5 – 5.1 | | Standard protocol |
| Sodium (Na) | 137 | 135 - 145 | | Standard protocol |
| BUN | 12 | 6 - 24 | | Standard protocol |
| Serum Creatinine | .74 | .44 – 1.27 | | Standard protocol |
| Total Protein | Not Tested | Not Tested | | Not Tested |
| Albumin | Not Tested | Not Tested | | Not Tested |
| Bilirubin | Not Tested | Not Tested | | Not Tested |
| ALP (alkaline phosphatase) | Not Tested | Not Tested | | Not Tested |
| ALT (alanine transaminase) | Not Tested | Not Tested | | Not Tested |
| AST (aspartate transaminase) | Not Tested | Not Tested | | Not Tested |
| **Lipid Panel:** | | | | |
| LDL | Not Tested | Not Tested | Not Tested | |
| HDL | Not Tested | Not Tested | Not Tested | |
| Total Cholesterol | Not Tested | Not Tested | Not Tested | |
| Triglycerides | Not Tested | Not Tested | Not Tested | |
| **Arterial Blood Gas (ABG’s)** |  |  |  | |
| pH | Not Tested | Not Tested | | Not Tested |
| PO2 | Not Tested | Not Tested | | Not Tested |
| PCO2 | Not Tested | Not Tested | | Not Tested |
| HCO3 | Not Tested | Not Tested | | Not Tested |
| O2 saturation | Not Tested | Not Tested | | Not Tested |
| Base excess | Not Tested | Not Tested | | Not Tested |
| **Coagulation Tests** | | | | |
| PT | Not Tested | Not Tested | | Not Tested |
| PTT | Not Tested | Not Tested | | Not Tested |
| INR | Not Tested | Not Tested | | Not Tested |
| **Urinalysis (UA) Tests** | | | | |
| Appearance | Not Tested | Not Tested | | Not Tested |
| Color | Not Tested | Not Tested | | Not Tested |
| Odor | Not Tested | Not Tested | | Not Tested |
| pH | Not Tested | Not Tested | | Not Tested |
| Protein | Not Tested | Not Tested | | Not Tested |
| Specific gravity | Not Tested | Not Tested | | Not Tested |
| LAB & DIAGNOSTIC TESTS | | | | |
| **Test** | Client’s Results | **Normal Values** | | Purpose for Test for this Client |
| Stool | Not Tested | Not Tested | | Not Tested |
| **Chest Xray** | Not Tested | Not Tested | | Not Tested |
| **EKG** | Not Tested | Not Tested | | Not Tested |
| **Blood Glucose Tests** No Yes   **If Yes, How often are tests:** | | | | |
| **Date** | **Time** | **Result** | | **Intervention** |
|  |  |  | |  |
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| **Medication**  **(Dose/Route/Time)** | **Classification of Medication** | **Indication**  **(Specific to Patient)** | **Side Effects** | **Nursing Implications** |
| *Doxycycline*  *Oral*  *0900* | *Antibacterial* | *Reduce infection -> reduce fever -> reduce migraine* | *Nausea, vomiting, diarrhea, dizziness, headache, hypersensitivity reactions, photosensitivity reactions, pseudomembranous colitis, hematologic changes, discoloration of teeth in fetus and young children* | *Monitor for side effects and vital signs. Paying close attention to temp.* |

***/Rev: 7/23/AX; rev. 8/1/23 AX***