ASSESSMENT   (DATA   COLLECTION)

CLIENT'S INITIALS_____   MEDICAL DIAGNOSIS_____

DATE OF ADMISSION_____   AGE_____

PHYSIOLOGICAL:

OXYGEN (CIRCULATION/RESPIRATION):
Lab data_____
Medications_____

FLUID AND ELECTROLYTES:
Lab data_____
Medications_____

NUTRITION:
Lab data_____
Medications_____

ELIMINATION:
Lab data_____
Medications_____

MOBILITY AND ACTIVITY:
Lab data_____
Medications_____

REST, SLEEP AND PAIN:
Lab data_____
Medications_____

SAFETY AND SECURITY:

SKIN:

HEARING:

VISION:

ENVIRONMENT:

MENTAL STATUS:

LOVE AND BELONGING:

SELF-ESTEEM:

Assessment Data Collection NSG IV Sp 08