Date:Click here to enter a date. Pt. Initials: DOB :Click here to enter text. Time:Click here to enter text.Rm# Click here to enter text.

Student:Click here to enter text. Allergies:Click here to enter text.EDD: Click here to enter text. Gestational Age:Click here to enter text.

Gravida: Click here to enter text. Para:Click here to enter text. Mat. Blood Type: Click here to enter text. Coombs: Click here to enter text. Delivery Type:Click here to enter text. Apgar:Click here to enter text. Birth weight:Click here to enter text. Lbs.Click here to enter text. Oz.Click here to enter text. Length:Click here to enter text. Head Circumference:Click here to enter text. NB Blood Type: Click here to enter text.

GBS: Click here to enter text Other labs: Click here to enter text. Chest: Labor Analgesia/AnesthesiaClick here to enter text.

**Physiologic needs: Oxygenation**

**Neurological Assessment**

**C:\Users\Alice Coburn\Desktop\Picture for assessment sheet\pupil-dilation.gif Glasgow Coma Scale (GCS) For Assessment of Coma in infants & Children**

**\*** Add the score from each category max.15, mini. 3, total neurologic unresponsiveness

|  |  |
| --- | --- |
| **Pupil Reaction** | B-brisk ☐ Equal ☐ Unequal ☐  S-Sluggish ☐ NR - no reaction ☐  ☐C-eye closed by swelling ☐ Red reflex ☐ |
| **Pupil size**  **(mm)** | **Right** Click here to enter text.  **Left** Click here to enter text. |
| **Activity** | 4-Alert ☐ 3-lethargic ☐  2-Stuporous ☐ 1-Comatose ☐ Sleepy ☐  Jittery ☐ |
| **Emotional state** | CA-Calm ☐ Cry- shrill ☐  AN-Anxious ☐ weak ☐  CO-Combative ☐ lusty ☐  AG-agitated ☐ |
| **Reflexes** | Moro ☐ Grasp ☐ Tonic neck ☐ Sucking ☐  Babinski ☐ Rooting ☐ Stepping ☐ Galant ☐  Blink ☐ Gag ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Score\*** | **Preverbal Child Criteria** | **Older Child and Adult Criteria** |
| **Eye opening** | 4  3  2  1 | Spontaneous opening  To loud noise  To pain  No response | Spontaneous  To verbal Stimuli  To pain  No response |
| **Verbal response** | 5  4  3  2  1 | Smiles, coos, cries to appropriate stimuli  Irritable; cries  Cries to pain  Moans to pain  No response | Oriented to time, place, and person; uses appropriate words and phrases.  Confused  Inappropriate words or verbal response  Incomprehensible words  No response |
| **Motor response** | 6  5  4  3  2  1 | Spontaneous Movement  Purposeful, localizes pain  Withdraws to pain  Flexor posturing  Extensor posturing  No response; flaccid | Obeys commands  Localizes pain  Withdraws to pain  Flexor posturing  Extensor posturing  No response; flaccid |
| Total Score |  |  |  |

**2.) Cardiovascular Assessment**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **emp site – record with temp measurement**  O-oral  R-rectal  A-axillary  T-tympanic  F- forehead strip | | **BP SITE – record where taken**  **Newborn- record value each site**  RUA- right upper arm ☐  LUA –left upper arm ☐  RLA- right lower arm  LLA- left lower arm  RLL- right lower leg ☐  LLL- left lower leg ☐  **PULSE SITE – record where taken**  R-radial B-brachial F-femoral  A-apical O-other (location) | | | **SKIN COLOR**  N- normal for  ethnicity  F- flushed  P- pale  C- cyanotic  M- mottled  J- jaundice | | | **SKIN TEMP**  H- hot  W-warm  C- cool  O- cold | **SKIN PALPATION**  D-dry  M-moist  C-clammy/diaphoretic  **CAPILLARY REFILL**  B- brisk (less than 3 sec)  M- moderate (greater than 3 sec, to 5 sec)  S – sluggish (greater than 5 sec) |
| **TIME** | **Temp** | **BP/Site** | | **Pulse rate/site** | **Skin color** | | | **Skin Temp** | **Skin palpation //Capillary refill** |
|  |  |  | |  |  | | |  |  |
|  |  |  | |  |  | | |  |  |
| **PULSE SITES –**  **Record which pulse sites were assessed for pulse strength for each extremity** | | | **Upper**: R-radial U-ulnar  B-brachial  **Lower**: F-femoral  P-popliteal  DP-dorsalis pedis  PT-posterior tibial | | | **PULSE STRENGTH**  3+bounding  2+normal  1+ weak  D- doppler  A- absent | | | **EDEMA/ Location**  0-None O- orbital  TR-Trace H- hand  1+ 3+ A- arm  2+ 4+ F- foot  G-Generalized AN- ankle  W-\*\* Skin Weeping C- calf  T- thigh  \*\*Requires further documentation |
| **Right upper** | | | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| **Left upper** | | | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| **Right lower** | | | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |
| **Left lower** | | | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. |

**3.) Pulmonary Assessment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AIRWAY CODE**  TR-tracheostomy  L-laryngectomy  LM-laryngomalacia  N-No Artificial Airway | | | **OXYGEN THERAPY:**  NV-non-invasive ventilator  TC-trach collar  NC-nasal cannula  VM-venti-mask  NRB-non-rebreather mask  RA-room air  O-other( requires comment) | | | | **Signs of Respiratory Distress:**  A-apnea NF-nasal flaring  G-grunting R-retractions  **Secretions**  S-small W-white  M-moderate Y-yellow  C-copious G-green  TN-thin T-tan  TK-Thick F-Foul smelling  BL-blood tinged  N-none | | **Breath Sounds\*\***  CL-clear  CR crackles  W-wheeze  R-rhonchi  D-diminished  **\*\*** Note required to describe breath sounds if other than clear | **INTERVENTION**  CPT-Chest physiotherapy  IS-Incentive spirometry  S-Suction  B- bulb syringe |
| **TIME** | **RR** | **Air-way** | | **O2 therapy** | **O2 Flow** | **Pulse Ox** | **Cough** | **Signs of Resp. Distress**  **Secretions** | **Breath Sounds** | **Intervention** |
|  |  |  | |  |  |  | ☐No  ☐Yes |  |  |  |
|  |  |  | |  |  |  | ☐No  ☐Yes |  |  |  |

**4.) Fluid and Electrolytes Assessment**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Skin Turgor: MUCOUS MEMBRANES**  N-normal TD- tongue dry  P-poor LD- lips dry/cracked  **\*\*Fontanels**  TM – tongue moist  flat ☐ M - lips moist  sunken ☐  bulging ☐  Anterior ☐ Posterior ☐ | | | | **Fluid Intake**  thirst- Presence of thirst  Yes ☐ No ☐  nausea/ vomiting\*\*  Yes ☐ No ☐  NPO Yes ☐ No ☐  Fluid Intake previous 24 hrs. Click here to enter text.  \*\*Requires note  Breast ☐ Bottle ☐ | | | **Fluid Restriction Previous 24 hrs.**  Yes ☐ No ☐  **Fluid Restriction amt. for 24 hrs. and distribution every shift.**  **Total mL** Click here to enter text.  **Day shift** Click here to enter text.  **Night shift** Click here to enter text. | | **IV Infusion**  Yes ☐ No ☐  Site Flush  Yes ☐ No ☐  IV D/C \*\*  Yes ☐ No ☐  **\*\* Note needed** |
| **Fontanels** | **Skin**  **turgor** | **Mucous membranes** | **Fluid intake for shift** | | **Fluid allowed for shift** | **IV site location/ condition/**  **pain\*\* Note needed** | | **IV Solution and rate** | |
|  |  |  |  | |  |  | |  | |
|  |  |  |  | |  |  | |  | |

**5.)** **Nutrition Assessment**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ordered Nutrition**  R-Regular T-TPN/PPN  S-soft B- Breast  P-Pureed BL- Bottle  CL-Clear liquid  NPO-Nothing by mouth  E-Enteral feeding (type)  O-other (specify)  Dietary Supplement type  Click here to enter text. | | Latch scoring | 0 | 1 | | | 2 | **Formula Type:**  Click here to enter text.    **Nutrition Problems**  E-Eating  S-Swallowing  H-Heartburn  T-Taste  C-chewing  N-None  **Changes in weight**  Yes\*\* ☐  No ☐ | | |
| L = *latch to breast* | Too sleepy or reluctant  No latch achieved | Repeated attempts, staff holds nipple in mouth Stimulates baby to suck repeatedly; does not compress sinuses. | | | Infant gum line well over lactiferous sinuses. Tongue under areola, Lips flanges outward, Jaw movement at temple, Sustained rhythmic sucking, adequate suction with no dimpling. |
| A *=Audible swallowing* | No audible swallowing | Swallowing heard infrequently & usually after stimulation. | | | Spontaneous & intermittent< 24hrs old/ Spontaneous & frequent > 24hrs old |
| T=*Type of nipple* | Inverted | Flat and projects forward minimally. | | | Everted and projects outward at rest or after stimulation |
| C =*Comfort*  (Breast or Nipple) | Breasts are firm, engorged, tender with non-elastic tissue. Nipples are cracked, bleeding, blisters, & or bruising, Severe discomfort | Filling/ decreased elasticity when breasts fill. Reddened nipples/small blisters or bruising.  Mild/ moderate discomfort. | | | Soft and elastic. Nipples have no signs of redness, bruising, blistering, bleeding or cracking. Mom states she is comfortable. |
| **% /ounces consumed** | **Ordered nutrition** | H =*Hold*  (Positioning) | Full assist(staff holds infant at breast entire feeding) | **Needs assistance with positioning & latching on; first breast only** | | | **No assist from staff**  **Mother able to position/hold infant.** | **Problem** | **Weight** | **Length.** |
|  |  |  |  | |  |  | |  |  |  |
|  |  |  |  | |  |  | |  |  |  |

**6.) Elimination Assessment 6a. GI Assessment**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ABDOMEN INSPECTION:**  F-Flat  D-Distended  O-Obese  C-Concave  R-rectum patent  D-dimple  S- sinus | **BOWEL SOUNDS**  3+ Hyperactive  2+ Normal  1+ Hypoactive  0-Absent | **PALPATION**  S-Soft  F-Firm  R-Rigid  N-Guarding  NT-Non-Tender  T-Tender | **Bowel movement**  Mec-Meconium  TR- Transitional  P- Pasty  S- Seedy  Y- Yellow  **Colostomy**  ☐ Yes\*\* requires  note  ☐ No | **COLOR:**  G-Green  BR-Brown  BL-Black  Y-Yellow  R-Red  CG-Coffee Ground  N/A-Not applicable | **Nasal Gastric Tube type:**  Salem sump ☐  Feeding tube ☐  PEG ☐  J-Tube ☐  **Placement confirmation method:**  Aspiration ☐  Air bolus ☐  X-ray ☐ Date Click here to enter text. | | **TUBE SUCTION:**  LIS-Low Intermittent Suction  LCS-Low Continuous Suction  G-Gravity Drainage  C-Clamped | |
| **Inspection** | **Bowel**  **Sounds** | **Palpation** | **BM**  **(Size, Color**  **Consistenc**y) | **Drainage**  **Color** | **Tube type** | **Tube Location:**  **(e.g., left nare, RUQ)** | **Tube suction** | **Residual/ amount of drainage or vomit** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**6b.) GU Assessment**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **GU CATHETER: type**  I-Indwelling  S-Straight  SP-Suprapubic  N-Nephrostomy  N/A-not applicable | | **URINE COLOR:**  Y-Yellow A-Amber N-Colorless  B-Brown O-Orange R-Red  P-Pale D-Dark  TIME OF VOIDINGClick here to enter text. | | | **CLARITY:**  C-Clear  T-Turbid | **SEDIMENT**  P-Present  0- None | **TOILETING**  S-Self D- Diapered  A-BRP w/assist  C-Bedside commode  I-Incontinent @ times  B-incontinence brief |
| **TIME** | **Catheter type** | **Days in place** | **Urine Color** | **Amount voided/emptied** | **Clarity** | **Sediment** | **Toileting** |
|  |  |  |  |  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| **GENITALIA** | **Male:**  **Testes**  Descended Undescended  Left ☐Right ☐ Left ☐Right ☐  Hydrocele ☐ | **Female:**  Developed Labia Majora ☐ Labial swelling ☐  Vaginal Discharge ☐ |

**7.) Mobility & Activity**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ROM: RANGE OF MOTION:**  A-Active  P-Passive | **Strength**  0-No movement  1-Trace  2-Movement but not against gravity  3-Movement against gravity but NOT against resistance  4-Movement against Gravity AND against some resistance  5-Full power | **AMBULATION:**  S-Self  A-Assist  W-Walker  CR-Crutches  CA-Cane  PT-Physical  Therapy  I-Infant | **EXTREMITIES:**  P- Polydactyly  S- Syndactyly  P- Palmar Creases  C- Congenital hip dysplasia  **TONE:**  F= Flaccid  FL=Some Flexion of extremities  FA= Well Flexed/active motion | | **MOVEMENT:**  A-Moves all extremities  LU-weak/flaccid  RU-weak/flaccid  LL- weak/flaccid  RL- weak/flaccid | **BED POSITION:**  F-Flat  L-Low Fowler’s  SF-Semi-Fowler’s  HF-High-Fowler’s  T-Trendelenburg  RT-Reverse Trendelenburg |
| **TIME** | **ROM** | **Strength**  **RU/LU/RL/LL** | **Ambulation** | **Extremities** | **Tone** | **Movement** | **Bed Position** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**8.) Rest and Sleep (Check mark response)**

|  |
| --- |
| **Assessment of Sleep Pattern**  Difficulty falling asleep☐  Difficulty staying asleep longer than 4 hrs.☐  Number of hours between feedings: Click here to enter text.  Difficult to arouse ☐ |

**9.) Pain**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION of PREDOMINANT PAIN:**  P-Prickling SH-Sharp  A-Aching ST-Stabbing  B-Burning PR-Pressure  T-Throbbing O-Other | **Pain scale used:**  **N-Numeric**  **F-Faces**  **N- NIPS**  **V-Verbal descriptor** | **FREQUENCY of Pain:**  C-Constant  E-Episodic  WM with Movement  WB with breathing | **What worked in the past?**  Click here to enter text. | **INTERVENTIONS:**  P-Pharmacological H-Heat  R -Relaxation C-Position for comfort  I-Imagery E-Emotional Support  D-Distraction Q-Quiet Environment M-Massage N- Non-nutritive sucking  O- Other |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TIME** | **Location** | **Description** | **Intensity (0-10) and scale used** | **Frequency** | **Intervention**  **\*\* Note required** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |



0 1 2 3 4 5 6 7 8 9 10

No Pain Mild Pain Moderate Pain Severe Pain Worse possible pain

**NIPS Pain Assessment Scale:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective Signs** | **0** | **1** | **2** | **Score** |
| **Facial Expression** | **Relaxed muscles**  **Neutral expression** | **Tight facial muscles.**  **Furrowed Brow, chin, jaw.** |  | Click here to enter text. |
| **Cry** | **Quiet—not crying** | **Mild moaning - intermittent cry** | **Loud scream, rising, shrill continuous.**  **Silent cry (intubated) as evidenced by facial movement.** | Click here to enter text. |
| **Breathing Patterns** | **Relaxed** | **Changes in breathing: irregular, faster than usual, gagging, breath holding.** |  | Click here to enter text. |
| **Arms** | **Relaxed. No muscle rigidity. Occasional random movements of arms** | **Flexed/extended. Tense, straight arms, rigid and or rapid extension, flexion.** |  | Click here to enter text. |
| **Legs** | **Relaxed. . No muscle rigidity. Occasional random movements of arms** | **Flex/extended.**  **Tense, straight legs, rigid and /or rapid extension, flexion.** |  | Click here to enter text. |
| **State of Arousal** | **Sleeping/awake.**  **Quiet, peaceful, sleeping or alert and settled.** | **Fussy.**  **Alert, restless and thrashing.** |  | Click here to enter text. |

**Total** Click here to enter text.

**10.) Safety and Security needs - Skin and Safety Assessments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SKIN/UMBILICAL CONDITION:**  I-Intact 2. Circumcision:Click here to enter a date.  N-Non-Intact \* \*(Requires further documentation) D-Drainage  **WOUND TYPE:**  P-Pressure ulcer S-Surgical wound  L-Laceration A-Abrasion  E-Ecchymosis R-Rash  **SURGICAL DRAINS**  Yes\*\* ☐ \*\* Note needed  No ☐ | | **DESCRIPTION**  B-Blanching erythema  Stage I (Non-blanching erythema )  Stage II: (Skin open to superficial layer)  Stage III (Skin open to SC tissue layer)  Stage IV (Skin open to muscle or bone)  U-Unstageable – Eschar present  DTI-Deep tissue injury | **BATH**  C-Complete  P-Partial  S-Self  A-Assist | **SIDE RAILS:**  4-4 Rails Up  3-3 Rails Up  2-2 Rails Up  1-1 Rail Up  0- Side Rails | **\*\*BRADEN SCALE SCORE#\_\_\_\_\_**  **HIGH ☐**  **MED ☐**  **LOW ☐**  **\*\*FALL RISK Score # \_\_\_\_\_**  **HIGH** ☐  **MED** ☐  **LOW** ☐  **Fall risk scale used** Click here to enter text. |
| **Wound type/Size (cm)/Location** | **Surgical drain type and location** | **Description (wound and drainage)** | **Bath** | **Side rails** |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Love and Belonging:**

**11.) Psychosocial Assessment**

**Bonding/Parent-Infant Interaction: Describe observations-**

|  |
| --- |
| **ERICKSON’S STAGE OF DEVELOPMENT: (1) State the Developmental Stage the client is exhibiting. (2) Support your decision on the developmental stage and the part that best represents the client’s behavior and WHY you feel this is the part of the stage the client is exhibiting? (**Make sure you explain your decision process in your explanation.)Click here to enter text. |

C**heck your assessment data. When you see \*\* you need to provide further documentation in a narrative note for the patient’s chart that includes further details of the assessment or problem identified, the treatment and the patient’s response to that treatment.**