

Nursing III  
Student \_\_\_\_\_  
Date \_\_\_\_\_

Client's initials \_\_\_\_\_ Age \_\_\_\_\_  
Admitting diagnosis \_\_\_\_\_

## PEDIATRIC ASSESSMENT (DATA COLLECTION)

### PHYSIOLOGICAL

#### OXYGEN

Blood Type \_\_\_\_\_ Rh \_\_\_\_\_

Skin warm to touch? \_\_\_\_\_

Cough ☐ Sputum \_\_\_\_\_

Skin Color: Normal for ethnic group ☐

Smokes ☐ packs per day \_\_\_\_\_

Abnormal: Pale ☐ Dusky ☐ Cyanotic ☐ Jaundice ☐

Breath sounds \_\_\_\_\_

Color of nailbed: Pink ☐ Blue or Grey ☐

Equipment in use: O2 ☐ Respiratory Rx ☐

Dyspnea at rest ☐ on exertion ☐ Chest pain ☐

Last menstrual period \_\_\_\_\_

\*APGAR \_\_\_\_\_

Problems with menstruation ☐ Yes ☐ No

Temperature \_\_\_\_\_

Comments: \_\_\_\_\_

Radial pulse: \_\_\_\_\_ Apical pulse: \_\_\_\_\_

Blood pressure: \_\_\_\_\_ Resps/min: \_\_\_\_\_

Breathing problems? Yes ☐ No ☐

Lab data: Adm Hct \_\_\_\_\_

#### FLUIDS AND ELECTROLYTES

Skin turgor: Elastic ☐ Loose ☐

Nausea or vomiting: \_\_\_\_\_

Fontanelles: Tense ☐ Flat ☐ Depressed ☐

Presence of edema: \_\_\_\_\_

Tongue and lips: Moist ☐ Dry ☐

IV: Location \_\_\_\_\_

Amount of liquids taken since 7 AM today: \_\_\_\_\_ mL

Solution \_\_\_\_\_

Medications: \_\_\_\_\_

Comments: \_\_\_\_\_

Lab Data: \_\_\_\_\_

#### NUTRITION

Ordered diet: \_\_\_\_\_

Typical diet at home: \_\_\_\_\_

Dietary supplement: \_\_\_\_\_

Appetite in hospital: \_\_\_\_\_ % Meal consumed \_\_\_\_\_

Medications: \_\_\_\_\_

Lab data: \_\_\_\_\_

Comments: \_\_\_\_\_

#### ELIMINATION

##### Urinary

Voiding: \_\_\_\_\_

Foley catheter? ☐

Lab data: \_\_\_\_\_

Comments: \_\_\_\_\_

##### Bowel

Bowel sounds: \_\_\_\_\_

BM since admission? Yes ☐ No ☐

Consistency \_\_\_\_\_

Lab data: \_\_\_\_\_

Medications: \_\_\_\_\_

#### MOBILITY AND ACTIVITY

Type of play observed? \_\_\_\_\_

Muscle strength: Handgrips equal ☐ Footpushes equal ☐

ROM: Normal ☐ Limited ☐ Severely limited ☐

Ability to ambulate: Assist ☐ Independent ☐

Gait \_\_\_\_\_

OOB: Chair ☐ BRP ☐ Ad Lib ☐

Lab data: \_\_\_\_\_

Comments: \_\_\_\_\_

Medications: \_\_\_\_\_

#### REST, SLEEP AND PAIN

Reported hours of sleep \_\_\_\_\_

c/o fatigue \_\_\_\_\_

Naps: Yes ☐ No ☐

c/o pain: Yes ☐ No ☐

\*NIPS scale \_\_\_\_\_

FACES scale \_\_\_\_\_

Location \_\_\_\_\_

Lab data: \_\_\_\_\_

Intensity \_\_\_\_\_

Comments: \_\_\_\_\_

Duration \_\_\_\_\_

Medications: \_\_\_\_\_

\* For infants

\* NA – Not Applicable

\*NO – Not Observed

## SAFETY AND SECURITY

### Vision:

Able to see without glasses ☐ Needs glasses ☐

### Hearing:

Responds to normal voice tones ☐

Discharge from ear(s) ☐

Hearing aid ☐ Deaf ☐

### Speech:

Clear ☐ Language Barrier ☐

### Mental Status:

Alert ☐ Lethargic ☐ Unresponsive ☐

Environment Home/School: \_\_\_\_\_

Comments: \_\_\_\_\_

Degree of dependency/independency in caring for self:

### Skin integrity:

Intact ☐

Reddened ☐ Location \_\_\_\_\_

Rashes ☐ Acne ☐

Incision ☐ Location \_\_\_\_\_

Approx size in cms \_\_\_\_\_

Appearance \_\_\_\_\_

Treatment (dressings etc.) \_\_\_\_\_

Tattoos ☐

Body piercing ☐ Location \_\_\_\_\_

Immunizations up to date ☐

Allergies: \_\_\_\_\_

## LOVE AND BELONGING

Indicators: Cards ☐ Flowers ☐ Family pictures ☐ Toys ☐

Other \_\_\_\_\_

Care giver's knowledge of Child Care (safety, feeding, bathing):

Ethnic/Religious affiliation \_\_\_\_\_

Number and age(s) of siblings \_\_\_\_\_

Child's reaction to hospitalization:

School ☐ Grade: \_\_\_\_\_

Comments: \_\_\_\_\_

Social Service consult needed ☐

## SELF-ESTEEM

Family role: \_\_\_\_\_

Interest in appearance: \_\_\_\_\_

Comments: \_\_\_\_\_

Parents/SO communication with child (body contact, security, etc):

Child's reaction to parent/SO: \_\_\_\_\_

## SELF-ACTUALIZATION

Child report of satisfaction with life: \_\_\_\_\_

Future plans for self: \_\_\_\_\_

Comments: \_\_\_\_\_

## ERIKSON'S STAGE OF DEVELOPMENT

What is the stage of development? \_\_\_\_\_

Describe child's characteristics/behaviors that place him/her in this stage:

Is stage appropriate for age?