

Student:

Client's Initials

Date:

Medical Diagnosis

Spring 2008

Date of Admission:

Nursing II - Assignment - ASSESSMENT (DATA COLLECTION)

PHYSIOLOGICAL:

**OXYGEN: Cardiovascular**

Skin warm to touch? ☐  
Skin color  
Color of nail beds  
Temperature Location  
Radial pulse rate Rhythm  
Apical pulse rate Rhythm  
BP: Location Position  
Peripheral Pulse Pulse ox  
Pain Scale # NU ☐ FA ☐  
Capillary Refill

**Respiratory**

Respiratory rate Rhythm  
Audible breath sounds  
Dyspnea - at rest ☐ on exertion ☐  
Cough ☐ Sputum ☐ None ☐  
Smokes ☐ Packs per day  
\* Medications  
Laboratory data  
Equipment in use (O<sub>2</sub>, flow rate)  
Additional data:

**FLUIDS AND ELECTROLYTES:**

Skin turgor - Normal ☐ Poor ☐  
Tongue and lips  
Mucous membranes  
Fluid intake for previous 24 hrs  
Fluid restriction ☐ (Note amt q 24 hrs & distribution q shift)

Presence of thirst ☐ some, does not drink water  
Nausea or vomiting ☐  
Presence of edema ☐ none  
\*Medications  
Laboratory data  
Equipment in use  
Additional data:

**NUTRITION:**

Ht Wt  
Ordered diet  
Preferred foods  
% of meal consumed  
Dietary supplement  
Assistance with meals

Dentures? Upper ☐ Lower ☐ Partial ☐  
Recent change in weight?  
Problem chewing? ☐ Swallowing? ☐ Heartburn? ☐ Indigestion? ☐  
\*Medications  
Laboratory data  
Equipment in use (N/G tube, PEG tube, G tube, etc.)  
Additional data:

**ELIMINATION:**

Urinary:  
Amount Color Frequency  
Bathroom ☐ Commode ☐ Bedpan ☐ Incontinent ☐  
Total output for previous 24 hrs ml  
Bowel: Amount Color Frequency  
Normal for client ☐ Constipated ☐  
Diarrhea ☐ Incontinent ☐

Bowel sounds Abdominal distention ☐  
\*Medications  
Laboratory data  
Equipment in use  
Additional data:

**MOBILITY AND ACTIVITY:**

Muscle strength - Handgrips equal ☐  
Foot pushes equal ☐  
ROM - Normal ☐ Limited ☐ Severely limited ☐  
Ability to move in bed - Self ☐ Assist ☐ Immobile ☐  
OOB - Chair ☐ Wheelchair ☐ Geri-chair ☐  
Ability to transfer - Self ☐ Assist ☐  
Distance able to ambulate Gait

Fall Assessment Score  
Fall risk - High ☐ Moderate ☐ Low ☐  
Physical therapy working with client?  
\*Medications  
Laboratory data  
Equipment in use (assistive devices)  
Additional data:

**REST, SLEEP AND PAIN:**

Reported quality of sleep in hospital  
C/O Pain ☐ -

Observable signs of pain - Grimacing ☐ Posturing ☐ Moaning ☐  
\*Medications

Location  
Intensity  
Duration

Pain Scale # NU ☐ FA ☐  
Additional data:

### SAFETY AND SECURITY:

#### Vision:

Able to see without glasses ☐ Needs glasses ☐

Able to read own menu ☐

Watches TV from ft

\*Medications

#### Hearing:

Responds to normal voice tones ☐

Hearing aid ☐ Deaf ☐

#### Speech:

Clear ☐ Garbled ☐ Incomprehensible ☐

#### Mental status:

Alert ☐ Lethargic ☐ Unresponsive ☐

Oriented to - Person ☐ Time ☐ Place ☐

\*Medications

Braden/Norton Score #

Risk: High ☐ Moderate ☐ Low ☐

#### Skin integrity:

Intact ☐

Reddened ☐ Location

Blanching erythema ☐ Non-blanching erythema ☐

Incision/Lesion/Wound ☐ Location

Approx. size in cms

Appearance

Treatment (dressings, etc.)

\*Medications

#### Allergies

Laboratory data

#### Environment:

Physical surroundings

\*Medications

Additional data:

### LOVE AND BELONGING:

Client report of family/friends

Next of kin (chart)

Religious affiliation

Indicators - Cards ☐ Flowers ☐ Family pictures ☐

Additional data:

### SELF-ESTEEM:

Family role

Occupation

appearance

Grooming equipment at bedside:

Brush/comb ☐ Toothbrush ☐

Toothpaste ☐ Interest in

Other personal toiletries ☐

Additional data:

### SELF-ACTUALIZATION:

Client report of satisfaction with life

Additional data:

Independence

Creativity

### ERIKSON'S STAGE OF DEVELOPMENT:

The client is at the following developmental stage and explain why:

**\*Always include name of medication, dose, route and time.**