ASSESSMENT TIME _____ DATE _____ INITIAL _____ 0600 SHIFT

NEUROLOGICAL
PROBLEM(S) _____

LEVEL OF CONSCIOUSNESS: CIRCLE APPROPRIATE NUMBER:
A) Best Eye Opening: (4) Spontaneously (3) To speech (2) To pain (1) None
B) Best Verbal Response: (5) Oriented (4) Confused (3) Inappropriate words (2) Incomprehensible sounds (1) None
C) Best Motor Response: (6) Obeys commands (5) Localizes to pain (4) Withdraws (3) Flexion (decorticate) (2) Extension (decerebrate) (1) None — GCS (A+B+C) _____
D) Pupil: Pupil Size R _____ / L _____ Reaction R _____ / L _____

Communication: ☐ Verbal ☐ Writes notes ☐ Mouths words ☐ Inappropriate ☐ Nods head appropriately to yes/no questions ☐ None

General Movement: ☐ Unassisted ☐ Assisted ☐ Supervised ☐ Unable ☐ Hemiparesis/plegia R/L ☐ Paraparesis/plegia R/L ☐ Quadriparesis/plegia

Sensation: ☐ Intact ☐ Diminished: Level _____ L _____ ☐ Absent: Level _____ R _____

Precautions: ☐ Seizure ☐ Suicide ☐ Rails↑ Bed ↓ Call light in reach

CARDIOVASCULAR
PROBLEM(S) _____

Rhythm _____ ☐ EKG MONITOR ALARMS ON
Heart Sounds: Describe _____
Neck Veins (45° angle): ☐ Flat ☐ Distended

Capillary Refill: ☐ Brisk ☐ Prolonged _____ sec.

Pulses: Right: R _____ DP _____ PT _____ Left: R _____ DP _____ PT _____

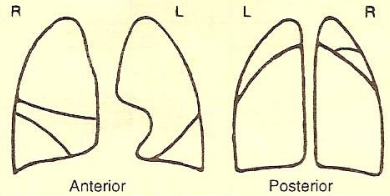
Edema: _____ Lower Extremity R ____ L ____ _____ Sacral ☐ Dependent _____ Upper Extremity R ____ L ____ _____ Generalized ☐ None
PITTING: 1+ = Trace; 2+ = Mild (0-¼"); 3+ = Mod. (¼-½"); 4+ = Severe (½-1")

Misc.: ☐ Vasoactive drug therapy ☐ Calf redness/tenderness L / R (circle) ☐ Anti-embolism stockings ☐ Sequential device ☐ Other _____

RESPIRATORY
PROBLEM(S) _____

Respirations: ☐ No distress ☐ Dyspneic ☐ Labored ☐ Tachypneic ☐ Apneic _____ sec.

Chest Config.: ☐ Symmetrical ☐ Asymmetrical ☐ Flail



BREATH SOUNDS
Cl - Clear
Cr - Crackles/Rales
Rh - Rhonchi
Br - Bronchial
Wh - Wheezing
D - Decreased
A - Absent

Oxygen Delivery: ☐ See flowsheet for vent settings ☐ Nasal ETT ☐ RA ☐ NC ☐ Mask ☐ Trach ☐ Oral ETT %O2 _____

O2 Saturation: ☐ N/A ☐ Periodic checks ☐ Continuous pulse oximeter

ETT: Site _____ Size _____ cm@teeth/gum _____ Date intub _____ N/A ____

Cough: ☐ No cough ☐ Weak ☐ Strong Nonproductive ☐ Productive: Describe _____

Chest Tubes: ☐ N/A to _____ cm suction ☐ Air leak present ☐ To water seal

FALL RISK
PROBLEM(S) _____

If one or more criteria are checked, implement Fall Risk Care Plan.

☐ History of falls
☐ Orientation: Periods of disorientation or confusion affecting movement or judgment
☐ Sensory/balance: Uncorrected visual or auditory deficits; unsteady in gait or balance
☐ Medications affecting BP, level or consciousness or elimination
☐ Behavior: Agitated, combative or uncooperative behavior
☐ None of the above apply

PSYCHOLOGICAL/SOCIAL
PROBLEM(S) _____

Psychological: ☐ Cooperative ☐ Non-cooperative ☐ Anxious ☐ Sedated ☐ Panic ☐ Angry ☐ Tearful ☐ Talkative ☐ Combative ☐ Depressed ☐ Withdrawn ☐ Comatose ☐ Confused ☐ Spiritual needs ☐ Cultural needs ☐ Language barrier _____

Coping of Family/ Significant Other: ☐ N/A ☐ Effective ☐ Needs assistance _____ (specify)

GASTROINTESTINAL
PROBLEM(S) _____

Abdomen: ☐ Soft ☐ Tender ☐ Distended _____ cm ☐ Ascites ☐ Rigid ☐ N/V ☐ Abd. cramping

Bowel Sounds: ☐ Normal ☐ Hyperactive ☐ Hypoactive ☐ Absent

Tube Type	Clamp	Gravity	Suction	Color

Diet _____ ☐ NPO ☐ TPN ☐ Tube Feeding Rate _____ cc/hr Type _____ Resid _____

Stool: ☐ Formed ☐ Loose ☐ Diarrhea ☐ Impact. Last BM ____
Flatus ☐ Describe/Color _____ HEM (+/-) _____
Appliance: ☐ N/A ☐ Colostomy ☐ Ileostomy ☐ Rectal tube

Stoma: ☐ N/A ☐ Pink ☐ Dusky ☐ Edema ☐ _____

GENITOURINARY
PROBLEM(S) _____

GU Drainage: ☐ Voiding ☐ Incontinent ☐ Catheter ☐ External Catheter ☐ Other _____ Date F/C inserted _____ ☐ Cont. bladder irrigation _____

Urine: ☐ Clear ☐ Cloudy ☐ Sediment ☐ Clots ☐ Amber ☐ Light yellow ☐ Dark yellow ☐ Orange ☐ Oliguric ☐ Hematuria ☐ Other _____ ☐ Anuric

Genitalia: ☐ Normal ☐ Other _____

DRAINS/INCISIONS
PROBLEM(S) _____

Drain/Incision	Location	Drainage	Dsg Dry/Intact	Incision Care (Time)

SKIN ASSESSMENT
PROBLEM(S) _____

(<14= Risk for impaired skin integrity - implement care plan)

Physical Condition (A)
4 - Good
3 - Fair
2 - Poor
1 - Very bad

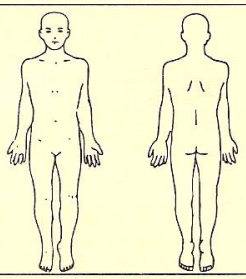
Mental State (C)
4 - Alert
3 - Apathetic
2 - Confused
1 - Stuporous

Activity (E)
4 - Ambulates
3 - Walks with help
2 - Chairbound
1 - Bedrest

Mobility (B)
4 - Full
3 - Slightly limited
2 - Very limited
1 - Immobile

Incontinence (D)
4 - Not
3 - Occasionally
2 - Usually urinary
1 - Double

Norton Score _____ (A+B+C=D=E)



CODE
A - Abrasion
B - Bruising
H - Hematoma
L - Laceration
I - Inflamed
Inc - Incision
S - Suture
St - Staples
Sd - Surgical drain
Fx - Fracture
Trc - Traction
D - Decubitus
USE RED INK

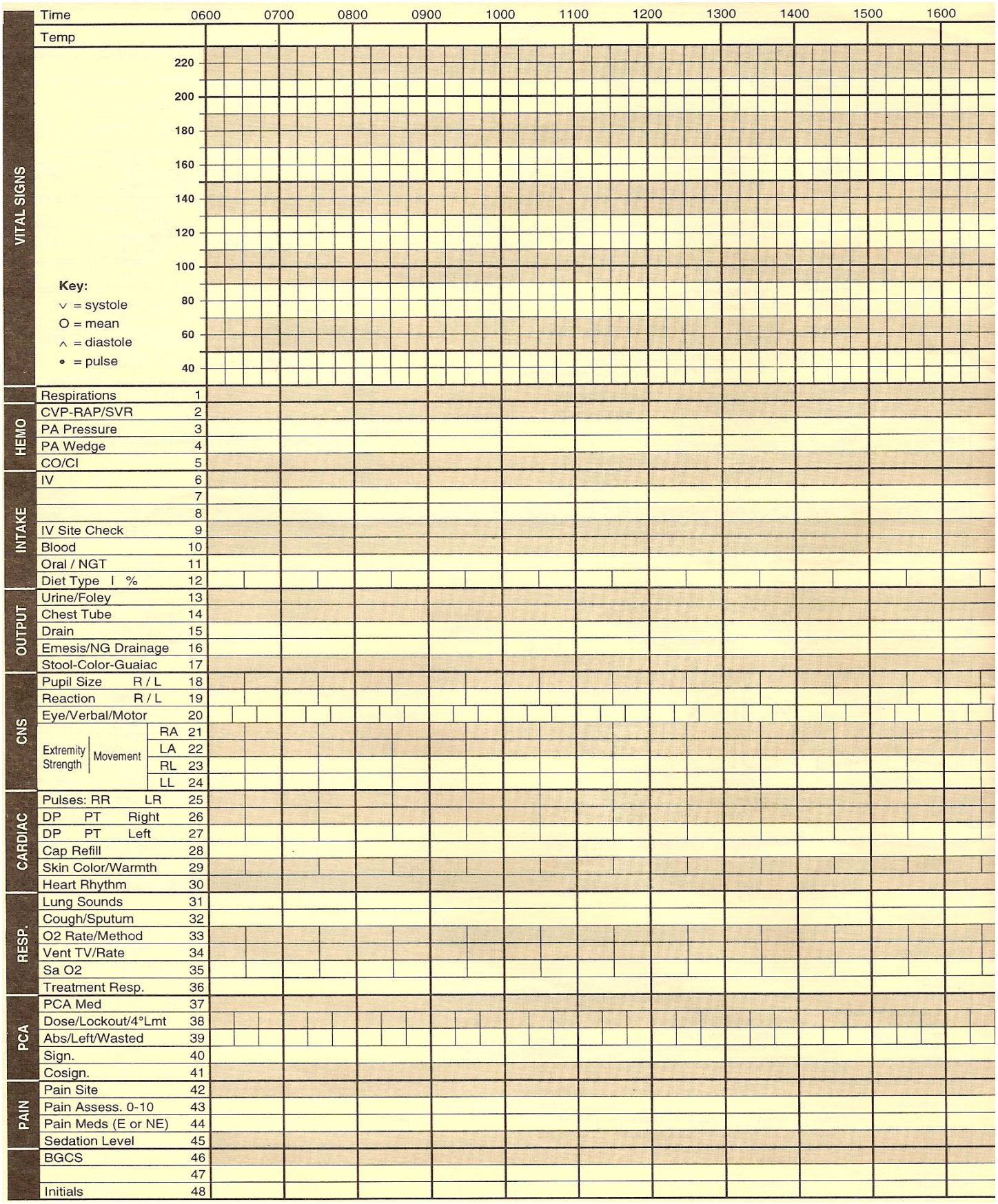
Skin Turgor: ☐ Normal ☐ Loose ☐ Tight ☐ Shiny

Skin Temp: ☐ Hot ☐ Warm ☐ Cool ☐ Cold ☐ Dry ☐ Clammy ☐ Diaphoretic

Skin Color: ☐ Normal ☐ Jaundiced ☐ Pale ☐ Cyanotic ☐ Flushed ☐ Mottled

Mucous Membranes: ☐ Moist ☐ Dry ☐ Cracked ☐ Sores ☐ Patched ☐ Other _____

FMC-37A (REV 3/02)


Time
0600
0700
0800
0900
1000
1100
1200
1300
1400
1500
1600
Temp
VITAL SIGNS
220
200
180
160
140
120
100
80
60
40
Key:
v = systole
O = mean
^ = diastole
• = pulse
Respirations 1
HEMO
CVP-RAP/SVR 2
PA Pressure 3
PA Wedge 4
CO/CI 5
INTAKE
IV 6
7
8
IV Site Check 9
Blood 10
Oral / NGT 11
Diet Type I % 12
OUTPUT
Urine/Foley 13
Chest Tube 14
Drain 15
Emesis/NG Drainage 16
Stool-Color-Guaiac 17
CNS
Pupil Size R / L 18
Reaction R / L 19
Eye/Verbal/Motor 20
Extremity Strength
Movement
RA 21
LA 22
RL 23
LL 24
CARDIAC
Pulses: RR LR 25
DP PT Right 26
DP PT Left 27
Cap Refill 28
Skin Color/Warmth 29
Heart Rhythm 30
RESP.
Lung Sounds 31
Cough/Sputum 32
O2 Rate/Method 33
Vent TV/Rate 34
Sa O2 35
Treatment Resp. 36
PCA
PCA Med 37
Dose/Lockout/4°Lmt 38
Abs/Left/Wasted 39
Sign. 40
Cosign. 41
PAIN
Pain Site 42
Pain Assess. 0-10 43
Pain Meds (E or NE) 44
Sedation Level 45
BGCS 46
47
Initials 48

IV INSERTION

Time	Type & Gauge Needle	R. or L. Site	Number of Attempts	Reaction to Venipuncture	Tubing New or Same	Site Check	Restart	Discontinuation	IV Teaching	Initials

SITES

R. Right
L. Left
U. Upper Arm
Lo. Lower Arm
H. Hand
F. Foot
S. Scalp
A. Antecubital
J. Jugular
SC. Subclavian
P. PICC

REACTION TO VENIPUNCTURE

1. Cooperative
2. Apprehensive
3. Combative
4. Refused

RESTART

1. Infiltration
2. Phlebitis
3. Accidental d.c.
4. Patient request
5. Routine

DISCONTINUATION

1. Cannula intact
2. Hematoma
3. Other (see nurse's notes)

IV TEACHING

1. Initiated
2. Reinforced

GLASCOW COMA SCALE

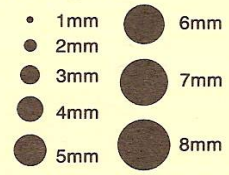
ACTIVITY *Pts. over 2 yrs. of age*		BEST RESPONSE *Pts. <2 yrs. or devel. delayed*	
Eye Opening			
Spontaneous	4	Spontaneous	4
To Speech	3	To Speech	
To Pain	2	To Pain	2
None	1	None	1
Verbal			
Oriented	5	Coos, babbles	5
Confused	4	Irritable	4
Inapprop. words	3	Cries to pain	3
Incomp. sounds	2	Moans to pain	2
None	1	None	1
Motor			
Obeys Commands	6	Normal spont. movements	6
Localizes pain	5	Withdraws to touch	5
Withdraws to pain	4	Withdraws to pain	4
Abnormal flexion	3	Abnormal flexion	3
Abnormal extension	2	Abnormal extension	2
None	1	None	1

SITE CHECK

1. Not red, tender or swollen.
2. Slightly red, tender or swollen.

PUPILS:

= Equal
R Reactive
NR Non-Reactive
B Brisk
Sl Sluggish
L>R Left Larger
R<L Right Larger



SEDATION LEVEL

1. Awake all shift
2. Dozing intermittently
3. Needs awakening for ADL
4. Difficult to arouse

EXTREMITY MOVEMENT:

P Purposeful
NP Non-Purposeful
Ø Absent

EXTREMITY STRENGTH:

S Strong
W Weak
Ø Absent

PAIN ASSESSMENT:

(Scale 0–10)
0 = No Pain To 10 = Severe Pain
E=Effective
NE=Non-Effective

EXTREMITY PULSES:

+3 Bounding
+2 Normal
+1 Decreased
Ø Absent
D Doppler

LUNG SOUNDS

1 = Rales
2 = Rhonchi
3 = Insp. Wheezes
4 = Exp. Wheezes
5 = Diminished
6 = Clear

COUGH

P=Productive
NP=Nonproductive
Ø=Absent

RESPIRATORY DRUGS — **DOSE**

1. Albuterol _____
2. Atrovent _____
3. Intal _____
4. Mucomyst _____
5. Alupent _____
6. Racemic EPI _____
7. Atropine _____
8. Serevent _____
9. _____
10. _____

CIRCLE

DIET: S—Self, A—Assist, F—Feed
HYGIENE: S—Self, A—Assist, C—Complete

INITIAL WHEN CARE COMPLETED

CARES & ACTIVITIES	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05
Cough & Deep Breathe																								
Incentive Spirometer																								
Turned Side - Side (D=Door, W=Window)																								
B=Bath / L=Linen ▲																								
Shampoo / Shave																								
Oral Care / Trach Care (OC/TC)																								
Cath / Peri Care / Diaper ▲																								
ROM / Ambulation																								
BSC / Chair																								
Teds / SCDs (On/Off)																								
Cooling / Warming Blanket																								
IV Pump X _____																								
Dressing ▲																								
PT / Speech / Dietician Visit																								
Chaplaincy / Social Services Visit																								
Physician Visit																								
Visitors																								

INTAKE

SHIFT	0600-1800	1800-0600	24° TOTAL
Oral			
TPN/Lipids			
Blood			
IV			
NG			
TOTAL			

OUTPUT

Urine			
NG			
Chest Tubes			
Emesis			
Stool			
JP			
TOTAL			

TODAY'S WT.	CHG. IN WT.
YEST. WT.	**ADMIT. WT.**

YESTERDAY CUMULATIVE TOTAL	
INTAKE	OUTPUT

CUMULATIVE TOTAL	
INTAKE	OUTPUT

Bed / Standing

DATE _____

ROOM # _____

FORM #591347

Signatures	
6a–6p	
6p–6a	