NURS 0951

College of the Siskiyou's Vocational Nursing

Clinical Documentation

Student Name: _____ #_____

Date(s): _____

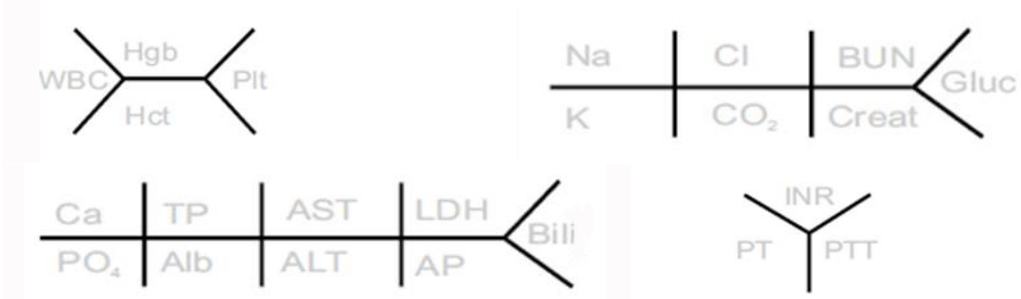
Clinical Location: _____

All clinical paperwork including your clinical documentation, medication worksheets, NANDA sign-off sheet and objective book must be saved in your clinical binder until the completion of NURS 0951.

Instructor Signature:_____ Date:_____

Clinical Documentation is Complete: YES NO

Instructor Comments:

General Information					
Student Name		Date		Room	
Allergies					
Admitting Diagnosis					
Past Medical History					
Surgical History					
Psych/Social Information					
Procedures on This Admission					
Surgeries/ Procedures this Admission					
Hospitalization Course and Events					
Labs					
Lab Orders					
Daily Labs					
Electrolyte Replacement Ordered	○ Yes ○ No Comment_____				
Radiology-CT NucMed, Xray, US, MRI, Echo					
Abnormal Radiology Results		Radiology and Misc. Studies Ordered/Pending			
Patient Care Info					
Diet and Fluid Restriction					
On Hyperglycemic Protocol	○ Yes ○ No Comment_____				
Current Level HG Protocol	○ Level 1 ○ Level 2	○ Level 3 ○ Level 4	○ Level 5 ○ Level 6		

Activity	
Transfer Ability	○ Independent ○ Standby Assistance ○ Moderate Assistance ○ 1 person ○ Modified Independent ○ Contact Guard ○ Maximum Assistance ○ 2 person ○ Supervised ○ Minimum Assistance ○ Dependent Assistance ○ 3 person
IV Access	○ Right Other: _____ ○ 18g ○ 22g ○ Left Location: _____ ○ 20g ○ ____
IV Fluids and Drips	
Fall Risk Score	○ 0-24 No Risk ○ 25-44 Low Risk ○ 45-or Above High Risk If Score 45 or Above Initiate high Risk for Fall on Problem List.
Fall Risk Precautions	○ Fall Precautions in place ○ Bed Alarm in use ○ Fall Risk Problem Active ○ Restraints in use ○ Sitter ○ Other
Resuscitation Status	○ Full Code ○ Palliative / Comfort ○ Do Not Resuscitate ○ Limited Resuscitation
If Limited Resuscitation Specify	○ No Medications ○ No Chest Compressions ○ No Non Inva. Ventilation ○ No Cardoversions/Defib ○ No Intubation/Ventilation
Referrals Initiated and Date ordered	
Core measures and DVT Prophylaxis	○ Yes ○ No Comment_____
	Note if vaccinations, medications or testing need to be addressed
Vaccination Status	
Current Isolation Status	○ Standard Precautions ○ Droplet ○ Contact ○ Airborne ○ C-Diff ○ Neutropenia Precautions

Vital Signs

Day 1 Date:_____
0700 Temp_____ P_____R_____BP_____O2 sats_____RA____NC____Mask_____Tent_____
Pain_____ Site_____Intervention_____ Reassessment_____
1130 Temp_____P_____R_____BP_____ O2 sats_____RA____NC____Mask____ Tent_____
Pain_____ Site_____Intervention_____ Reassessment_____

Day 2 Date:_____
0700 Temp_____ P_____R_____BP_____O2 sats_____RA____NC____Mask_____Tent_____
Pain_____ Site_____Intervention_____ Reassessment_____
1130 Temp_____P_____R_____BP_____ O2 sats_____RA____NC____Mask____ Tent_____
Pain_____ Site_____Intervention_____ Reassessment_____

Blood Glucose Assessment

Day 1 Date:_____ Indications for Abnormal Results:_____
0730_____ _____
1130_____

Day 2 Date:_____ Indications for Abnormal Results:_____
0730_____ _____
1130_____

Intake and Output

Day 1 Date:_____

Intake	**Output**	
Oral:____	**Urine: _____**	
Enteral Feedings:_____	**Drains: _____**	
NG Flushes:_____	**Nasogastric:_____**	
TPN/PPN:_____	**Chest Tube:_____**	
IV Fluids_____	**Emesis:_____**	
Blood:_____	**Stool:_____**	
Other:_____	**Other:_____**	
Total:_____	**Total:_____**	**Fluid Excess or Fluid Deficit:_____**
		Contributing Factors :_____
		_____

Day 2 Date:_____

Intake	**Output**	
Oral:____	**Urine: _____**	
Enteral Feedings:_____	**Drains: _____**	
NG Flushes:_____	**Nasogastric:_____**	
TPN/PPN:_____	**Chest Tube:_____**	
IV Fluids_____	**Emesis:_____**	
Blood:_____	**Stool:_____**	
Other:_____	**Other:_____**	
Total:_____	**Total:_____**	**Fluid Excess or Fluid Deficit:_____**
		Contributing Factors :_____
		_____

Brief Review of Assessment

Neurologic	○ Within Normal Limits	○ Other:				
Cardiovascular	○ Within Normal Limits	○ Other:				
Respiratory	○ Within Normal Limits	○ Other:				
GI	○ Within Normal Limits	○ Other:				
Date of Last Bowel Movement						
GU	○ Within Normal Limits	○ Other:				
Catheter Insertion Date						
Musculoskeletal	○ Within Normal Limits	○ Other:				
Integumentary Symptoms	○ No Symptoms	○ Rash	○ Burn	○ Itching	○ Dryness	
	○ Area of Concern	○ Redness	○ Flaking	○ Pain	○ Bruises	
Wound Care Orders / Recommendations			Drains and Dressings			
Pain Comment and management						

If you have the same Patient on Day 2, is there any changes in assessment? If so what are they?	
Care and Activities	Cough and Deep Breathing___ Incentive Spirometer____ Repositioning___ SCDs_____ ROM_____ Ambulation_____ Bed Bath_____ Shower_____ Catheter Care____ Linen Change_____
Interdisciplinary Involvement	PT_____ OT _____ ST_____ Dietary_____ Discharge Planning_____ Social Services_____ Hospice_____ Chaplin_____
Other Important Information	

Pathophysiology and Nursing Implications (must include references)

_____
_____
_____
_____
_____
_____
_____

2 Priority Nursing Diagnoses – Complete NANDA statement

1. NANDA:_____
   Patient Outcome:_____
   Interventions (with Rationale)
   1) _____
   2) _____
   3) _____

2. NANDA:_____
   Patient Outcome:_____
   Interventions (with Rationale)
   1) _____
   2) _____
   3) _____

Teaching Topics / Methods of Instruction / Patient Response

1. _____
   _____
   _____
2. _____
   _____
   _____

PATIENT LABS

LAB	NORMAL VALUE	ADMIT	Date	Date	REASON FOR ABNORMAL
WBC	4-12				
Hgb Male	14.9-17.9				
Hct Male	42-52%				
RBC Male	4.7-6.1				
Hgb Female	12-16				
Hct Female	35-45%				
RBC Female	4.2-5.6				
Pit	140-440,000				
Sodium	135-145				
Potassium	3.4-5.1				
Chloride	99-107				
CO2	24-32				
Calcium	8.4-10.2				
Phosphorous	3.0-4.5				
Magnesium	1.5-2.4				
Anion Gap	Less than 17				
BUN	7-18				
Creatinine	0.6-1.1				
GFR	Greater 90				
Glucose	70-104				
Hbg A1C	4.5-6.2				
Lactic Acid	0.4-2.0				
TBIL	0.0-1.0				
AST	10-37				
ALT	30-65				
Total Creat Kinase	26-192				
Myoglobin	9-82				
Troponin	Less 0.04				
CK-MB	0.3-3.6				
Protein	6.4-8.2				
Albumin	3.4-5.0				
Cholesterol	0-200				
HDL	35-60				
LDL	50-100				
Trigylcerides	20-135				
Chol/HDL Ratio	20-135				
BNP	Less 125				
PT	9-12				
INR					
PTT	22-35				

PRACTICE NURSES NOTES

Time		