INITIAL NURSING ASSESSMENT

PRIORITY ☐ 1 ☐ 2 ☑ 3

PATIENT NAME Jane Doe **START OF CARE** 5/2/16 **MALE** ☐ **FEMALE** ☑
ADDRESS 97 Bell Drive **TELEPHONE** 923-716-8142
PRIMARY CARE GIVER Husband **TELEPHONE** 276-276-8132
EMERGENCY CONTACT Mary Smith **TELEPHONE** 426-426-2154
PLAN ACA **MEMBER ID NUMBER** 29764 **MEDICAID ID NUMBER** 2437621

AUTHORIZED PRACTITIONER INFORMATION

Primary Physician DR Blue	Specialty Gastro
Address 44 West Dr.	Phone # 276-137-2576
Secondary Physician DR Young	Specialty Cardio
Address 92-37 Linden BLVD	Phone # 227 926-1376
Hospital of Choice memorial	

MEDICAL HISTORY/INFORMATION

Diagnosis	Onset	Diagnosis	Onset
1. lower Baek Pain		4.	
2. upper right leg		5.	
3.		6.	

Allergies none	**Height** 8-6	**Weight** 182

Significant History(Previous Illness, Surgery, Falls, Accidents)
hip replacement
o

Current Complaint/ Symptoms
pain and mobility climbing stairs and daily
housekeeping

Prognosis: ☐ **Excellent** ☐ **Good** ☑ **Fair** ☐ **Guarded** ☐ **Poor**

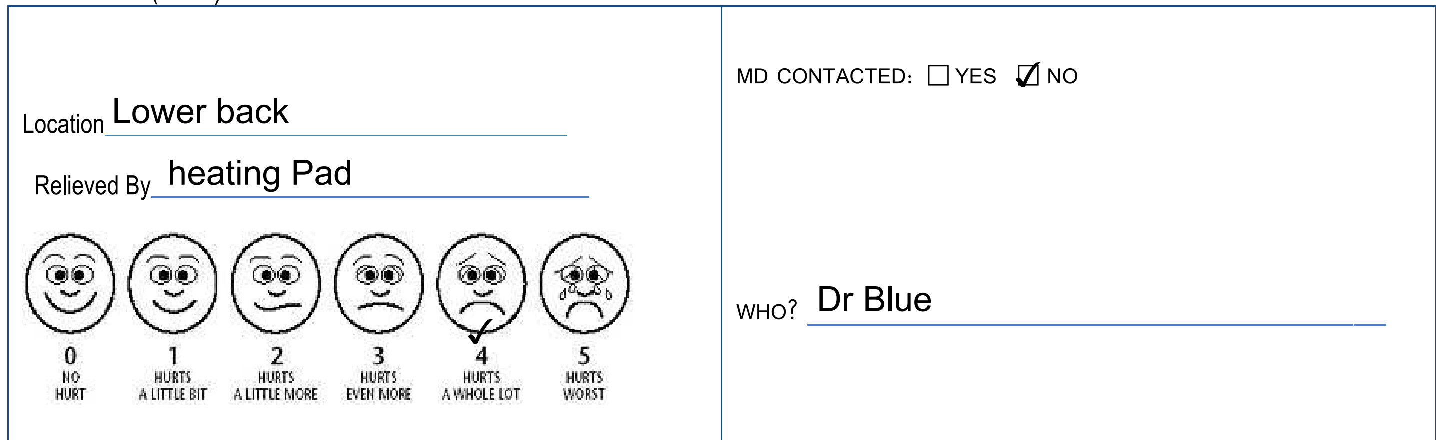
VITAL SIGNS

Blood Pressure: ☐(L) ☑(R) sitting 120-80 lying ______ standing ______ **Temp:** ☑ ☐r ☐a 98.6
Pulse: Apical 76 Radial ______ Rhythm ______
Resp: 80 ______ **WNL** ______ Shallow ______ Labored ______ Other ______
Lung Sounds: (R) Anterior Good Posterior ______ (L) Anterior ______ Posterior ______

NUTRITIONAL STATUS

Diet ______ Appetite: ☐ Poor ☐ Fair ☑ Good Fluid Restrictions Sodium
PO Intake: ☑ Adequate ☐ Inadequate Hydration: ☐ Poor ☐ Fair ☐ Good Supplements ______
Tube feedings ☐ Yes ☑ No Supplier if known(name and phone #) ______
Who is responsible for feeding? ______

PAIN INDEX (Circle)


Location Lower back
Relieved By heating Pad

MD CONTACTED: ☐ YES ☑ NO

WHO? Dr Blue

SYSTEMS ASSESSMENT CIRCLE OR FILL IN BELOW AS APPROPRIATE

SYSTEM		COMMENTS
Skin	**Intact:** Pt. at Risk for Breakdown Poor ☑ Turgor ☐ Rash/Itching ☐ Petecchiae ☐ Cyanosis ☑ Ecchymosis ☐ Lesions ☐ Pressure ☑ Ulcer/Wound Who is responsible for treatment? Wife	nothing to report
Mental Status	☑ Alert ☐ Lethargic ☐ Other Oriented to: ☑ Person ☐ Place ☐ Time ☐ Impaired Memory ☑ Impaired Judgment	Needs hefp
CNS/ Muscular/ Skeletal	☑ Syncope ☐ Vertigo ☐ Seizures ☐ Headaches ☐ Defect in PERRLA ☐ Numbness ☐ Hemi paresis ☑ Paraplegia ☐ Quadriplegia ☐ Decreased ROM ☑ Tremors ☐ Unsteady Gait ☐ Impaired Balance ☑ Weakness ☐ Pain ☐ Non-Ambulatory ☐ Bedbound ☐ Limited Mobility Uses Device: ☐ Cane: ☐ Walker ☐ Wheelchair ☐ Assist w/Transfers ☑ Contact Guard	needs help with mobility may need a walker
Vision	**WNL** ☑ Glasses ☐ Contacts ☐ Cataracts RT ☐ LFT ☐ ☐ Legally Blind ☐ Impaired (Can read large print) ☐ Severely Impaired (Can not read any Print)	None
Hearing	**WNL** ☑ Mildly Impaired Deaf: ☐ RT ☑ LFT Hearing Aid(s)- ☐ RT ☐ LFT	cheek with DR
Oral Motor	**WNL** Dentures: ☑ Full/Partial ☐ Gum Lesions ☐ Impaired Chewing ☐ Impaired Swallowing	GOOD
Cardiopulmonary	**WNL** ☑ Palpitations ☐ Dyspnea ☐ Orthopnea ☐ Pain ☐ Cyanosis ☐ SOB with Min exertion Endurance: ☑ Poor ☐ Fair Good Cough: ☐ Non-Productive ☐ Productive 0_2 @ 22 L/min via Edema: R 37 cm calf L 46 cm R 64 cm ankle L 72 cm R 88 cm Instep L 43 cm Pedal Pulses: (L) ☑ Palpable ☐ Faint ☐ Absent (R) ☐ Palpable ☑ Faint ☐ Absent Color: ☑ (L) WNL Abnormal ☐ (R)WNL Abnormal Pacemaker	Should be cheeked by nurse
Genitourinary	**WNL** ☑ Incontinent ☐ Pain ☐ Frequency Urgency ☐ Burning ☑ Catheter: Type A Size 5 Last Changed? Who is responsible for Catheter?	Good
Gastrointestinal	**WNL** ☑ Nausea/Vomiting ☐ Incontinence ☑ Constipation ☐ Diarrhea ☐ Colostomy Date of last BM 5/21/15 Action Taken Abdominal: ☑ Tenderness ☐ Distention Bowel Sounds: ☐ Present ☑ Absent	Good
Endocrine	**WNL** DM Capillary Blood Sugar Patient: IND Dependent w/ Diabetic Mgmt ☐ Yes ☐ No Family/.patient responsible for F/ S Who Other	Good

RN Name/ Title Donald Tuck RN Signature: Date 5/5/16