

# NURSING ASSESSMENT TOOL

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Patient's Age \_\_\_\_\_ Gender: Male ☐ Female ☐  
**ALLERGIES** (Drugs, food, tape, dyes, latex, etc) yes ☐ no ☐ (If yes) Specify: \_\_\_\_\_  
 Describe reaction(s) \_\_\_\_\_ Admit date \_\_\_\_\_  
 Reason for admit \_\_\_\_\_ Admit diagnosis \_\_\_\_\_  
 Surgeries/Procedures (current) \_\_\_\_\_  
 Other medical diagnoses \_\_\_\_\_  
 Previous hospitalizations/surgeries/dates \_\_\_\_\_  
 \_\_\_\_\_  
 Ancillary consults (therapy, dietary, social services, etc.) \_\_\_\_\_  
**Advanced Directives:** Living will ☐ DNR ☐ Other \_\_\_\_\_ Isolation: yes ☐ no ☐ (If yes) type \_\_\_\_\_  
 Restraints in use: yes ☐ no ☐ (If yes) Restraint protocol \_\_\_\_\_ \*see addendum ☐

## HEALTH PERCEPTION/HEALTH MAINTENANCE PATTERNS

General appearance \_\_\_\_\_ Immunizations up-to-date: yes ☐ no ☐ If no, explain \_\_\_\_\_  
 Recent illness/exposure to communicable disease \_\_\_\_\_  
 Strategies done to manage health \_\_\_\_\_ Motivation \_\_\_\_\_  
 Use of: Tobacco yes ☐ no ☐ (If yes) How long \_\_\_\_\_ How much \_\_\_\_\_  
 ETOH yes ☐ no ☐ (If yes) How long \_\_\_\_\_ How much \_\_\_\_\_  
 Other illicit substance(s) use/Date of last use \_\_\_\_\_  
 Complementary Alternative Medicine (CAM) use/Date of last use \_\_\_\_\_ \*see addendum ☐

## MEDICATIONS (CURRENT PRESCRIPTION, OTC, & CAM)

Drug/Dosage/Route/Frequency	Drug/Dosage/Route/Frequency	Drug/Dosage/Route/Frequency

Home medication compliance/noncompliance \_\_\_\_\_ \*see addendum ☐

## LABORATORY DATA (Identify labs: High=H, Low=L, Critical =C, \*\*\* = Trend)

blanks are for other pertinent labs

Test:↓Date: →	Admit:	Date:	Date:	Current:	Test:↓Date:→	Admit:	Date:	Date:	Current:
RBC					Na				
WBC					K				
Hemoglobin					BUN				
Hematocrit					Creatinine				
Platelets					Glucose				
INR					Triglycerides				
PT					Total Chol.				
PTT					HDL/LDL				
					BNP				

## MICROBIOLOGY CULTURE RESULTS

## VITAL SIGN FLOWSHEET (\*\*\* = trend)

Specimen	24 hour results	48 hour results	72 hour results	Date				
Urine				HR				
Sputum				BP				
Blood				RR				
Wound				Temp				

**DIAGNOSTIC TESTS (DATE/RESULTS)**

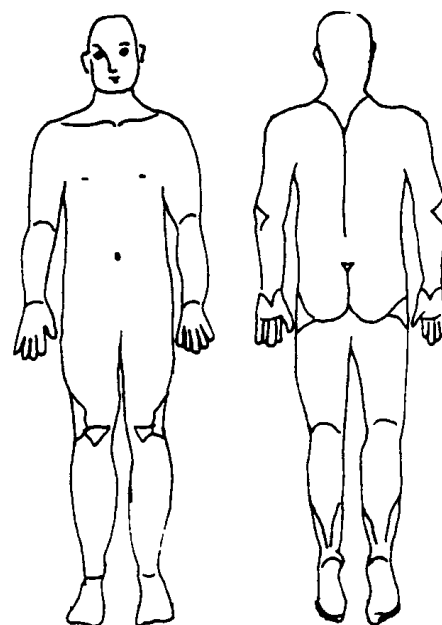
\*blanks are for other diagnostic tests

Chest X-ray \_\_\_\_\_  
EKG \_\_\_\_\_  
CT scan \_\_\_\_\_  
MRI \_\_\_\_\_  
Ultrasound \_\_\_\_\_  
Other \_\_\_\_\_ \*see addendum ☐

**NUTRITIONAL/METABOLIC PATTERNS**

ID Wounds (with number to refer to in form), IV sites, incisions, drains, etc.

Height \_\_\_\_\_ Current weight \_\_\_\_\_ Admit weight \_\_\_\_\_  
Last 3 daily weights with dates \_\_\_\_\_  
Current diet \_\_\_\_\_  
Supplements \_\_\_\_\_ Restrictions \_\_\_\_\_  
Pattern of intake at home \_\_\_\_\_  
Appetite \_\_\_\_\_ Anorexia \_\_\_\_\_ Nausea/vomiting \_\_\_\_\_  
Energy level \_\_\_\_\_ Recent wt.loss/gain \_\_\_\_\_  
Condition of mouth/throat \_\_\_\_\_  
Difficulty swallowing \_\_\_\_\_ Problems chewing \_\_\_\_\_  
Dentures: None ☐ Full ☐ Partial ☐ Wears them? yes ☐ no ☐  
Restrictions: NPO \_\_\_\_\_ Fluid Restriction \_\_\_\_\_  
Upper GI distress (describe) \_\_\_\_\_  
NG/PEG/Dobhoff (circle one) suction \_\_\_\_\_ character \_\_\_\_\_  
Enteral nutrition (type/rate) \_\_\_\_\_  
Tube feeding residuals \_\_\_\_\_  
TPN (type/rate) \_\_\_\_\_  
IV fluids (type/rate) \_\_\_\_\_  
Skin: Moisture \_\_\_\_\_ Turgor \_\_\_\_\_ Bruises \_\_\_\_\_ Pruritus \_\_\_\_\_  
Edema \_\_\_\_\_ Incisions \_\_\_\_\_  
Wounds \_\_\_\_\_  
IV sites and condition \_\_\_\_\_  
Dialysis access sites \_\_\_\_\_ Thrill \_\_\_\_\_ Bruit \_\_\_\_\_  
Orthopedic devices \_\_\_\_\_  
Other data \_\_\_\_\_ \*see addendum ☐



INTAKE	Day 1:	Day 2:	Day 3:	Day 4:	Day 5:
Oral					
IV Fluids					
Tube feeding					
*					
24 hr total					
OUTPUT	Day 1:	Day 2:	Day 3:	Day 4:	Day 5:
Urine					
NG					
Stool					
Drain 1					
Drain 2					
Dialysis					
*					
24 hr total					

**Running Balance** (difference in total intakes and total outputs since admission) (+ / -)

\*Indicate other intake/output; Stool (liquid/colostomy)

\*see addendum ☐

**ELIMINATION PATTERNS**

**Bowel habits:** #BMs/day \_\_\_\_\_ Last BM (date/time) \_\_\_\_\_ Usual pattern \_\_\_\_\_ color \_\_\_\_\_ consistency \_\_\_\_\_  
Constipation \_\_\_\_\_ Diarrhea (#/day) \_\_\_\_\_ Incontinence \_\_\_\_\_ Flatus \_\_\_\_\_ Occult blood \_\_\_\_\_ Recent changes \_\_\_\_\_  
**Ostomy:** Type \_\_\_\_\_ Appliance \_\_\_\_\_ Self care? \_\_\_\_\_  
Stoma condition \_\_\_\_\_ Stool appearance \_\_\_\_\_  
Use of laxatives, enemas, etc (what & how often) \_\_\_\_\_  
**Abdominal PE:** Contour \_\_\_\_\_ Firmness \_\_\_\_\_ Pain \_\_\_\_\_ Bowel sounds \_\_\_\_\_ Quads \_\_\_\_\_ Describe \_\_\_\_\_  
Abd girth \_\_\_\_\_ Ascites \_\_\_\_\_ Other \_\_\_\_\_  
**Bladder habits:** WNL \_\_\_\_\_ Frequency \_\_\_\_\_ Dysuria \_\_\_\_\_ Nocturia \_\_\_\_\_ Urgency \_\_\_\_\_ Hematuria \_\_\_\_\_ Retention \_\_\_\_\_  
Incontinent: Yes ☐ No ☐ (if yes): Always ☐ Occasional ☐ Daytime ☐ Nighttime ☐ Difficulty reaching toilet ☐  
Assistive devices: Catheter \_\_\_\_\_ Diapers \_\_\_\_\_ Comments \_\_\_\_\_  
Urine: Color \_\_\_\_\_ Odor \_\_\_\_\_ Clarity \_\_\_\_\_ Sediment \_\_\_\_\_  
Dialysis : Yes ☐ No ☐ (if yes) type \_\_\_\_\_ how often \_\_\_\_\_  
Other pertinent data \_\_\_\_\_ \*see addendum ☐

**ACTIVITY – EXERCISE PATTERNS**

Activity level/pattern (prior to admit) \_\_\_\_\_ Exercise habits \_\_\_\_\_  
History of physical disability \_\_\_\_\_ Uses assistive devices \_\_\_\_\_  
Current activity level (orders) \_\_\_\_\_ Falls risk rating \_\_\_\_\_ Restraints \_\_\_\_\_  
Range of motion: Full \_\_\_\_\_ Other \_\_\_\_\_  
Ability to walk \_\_\_\_\_ Balance and gait: Steady \_\_\_\_\_ Unsteady \_\_\_\_\_  
Casts/splints/braces \_\_\_\_\_ Fractures/contractures/arthritis/other \_\_\_\_\_  
Verbalizes fatigue or weakness \_\_\_\_\_ General \_\_\_\_\_ Focal \_\_\_\_\_  
Observed responses to activity (SOB, inc. pulse, B/P, etc) \_\_\_\_\_ \*see addendum ☐

**ADL STATUS\***

\*Feeding \_\_\_\_\_ \*Meal preparation \_\_\_\_\_ \*Cleaning \_\_\_\_\_ \*Bathing \_\_\_\_\_ \*Dressing \_\_\_\_\_  
\*Grooming \_\_\_\_\_ \*Toileting \_\_\_\_\_ \*Shopping \_\_\_\_\_ \*Laundry \_\_\_\_\_  
Handedness: Right ☐ Left ☐ Able to use? \_\_\_\_\_  
Physical or Occupational Therapy consult \_\_\_\_\_  
Other pertinent data \_\_\_\_\_

**\*ADL Code (current status):**

- 0 Total independence
- 1 Requires device assistance
- 2 Requires 1 person assistance
- 3 Requires device and person assistance
- 4 Total dependence

**CARDIOVASCULAR STATUS**

**BP:** RA \_\_\_\_\_ LA \_\_\_\_\_ Sitting \_\_\_\_\_ Lying \_\_\_\_\_ Standing \_\_\_\_\_  
**Pulse:** Apical \_\_\_\_\_/min Radial \_\_\_\_\_/min Strong \_\_\_\_\_ Weak \_\_\_\_\_  
**Peripheral:** pulses: R upper: \_\_\_\_\_ L upper: \_\_\_\_\_ R lower: \_\_\_\_\_ L lower: \_\_\_\_\_  
Nail bed color \_\_\_\_\_ Capillary refill \_\_\_\_\_ Temperature \_\_\_\_\_ Moisture \_\_\_\_\_  
Edema \_\_\_\_\_ Sensation \_\_\_\_\_ JVD \_\_\_\_\_  
Skin color: WNL \_\_\_\_\_ Pale \_\_\_\_\_ Cyanotic \_\_\_\_\_ Flushed \_\_\_\_\_ Other \_\_\_\_\_  
Mucous membranes: Pink \_\_\_\_\_ Pale \_\_\_\_\_ Cyanotic \_\_\_\_\_ Other \_\_\_\_\_  
Heart sounds: \_\_\_\_\_ S3 \_\_\_\_\_ S4 \_\_\_\_\_ Other \_\_\_\_\_  
Hx of murmur \_\_\_\_\_ A-V bruit \_\_\_\_\_  
Pacemaker \_\_\_\_\_ If yes, type & settings \_\_\_\_\_  
Telemetry Yes ☐ No ☐ (if yes) cardiac rhythm \_\_\_\_\_  
DVT prophylaxis regimen (describe) \_\_\_\_\_  
Other pertinent data \_\_\_\_\_ \*see addendum ☐

**RESPIRATORY STATUS**

Rate \_\_\_\_\_ Quality: Depth \_\_\_\_\_ Rhythm \_\_\_\_\_ Accessory use \_\_\_\_\_  
SOB on exertion (type activity) \_\_\_\_\_ SOB at rest \_\_\_\_\_ Cough \_\_\_\_\_ Sputum (describe) \_\_\_\_\_  
Best position for breathing \_\_\_\_\_ O<sub>2</sub> supplements \_\_\_\_\_  
Breath sounds: (describe all lung fields): R upper anterior \_\_\_\_\_ R lower anterior \_\_\_\_\_  
L upper anterior \_\_\_\_\_ L lower anterior \_\_\_\_\_  
R upper posterior \_\_\_\_\_ R lower posterior \_\_\_\_\_  
L upper posterior \_\_\_\_\_ L lower posterior \_\_\_\_\_  
Airway adjuncts \_\_\_\_\_ Secretions \_\_\_\_\_  
Chest tubes: location \_\_\_\_\_ settings \_\_\_\_\_ drainage \_\_\_\_\_  
ABG's: pH \_\_\_\_\_ PO<sub>2</sub> \_\_\_\_\_ PCO<sub>2</sub> \_\_\_\_\_ Bicarb (HCO<sub>3</sub>) \_\_\_\_\_ O<sub>2</sub> Sat \_\_\_\_\_  
Other pertinent data \_\_\_\_\_ \*see addendum ☐

**SLEEP-REST PATTERNS**

Usual patterns: hours/night \_\_\_\_\_ AM nap \_\_\_\_\_ PM nap \_\_\_\_\_ Bedtime rituals/sleep patterns \_\_\_\_\_  
Methods to promote sleep \_\_\_\_\_ Feel rested after sleep \_\_\_\_\_  
Problems: Recent changes \_\_\_\_\_ Insomnia \_\_\_\_\_ Snoring \_\_\_\_\_ Hypersomnia \_\_\_\_\_  
Sleep Apnea \_\_\_\_\_ Nightmares \_\_\_\_\_ Other \_\_\_\_\_  
Other pertinent data \_\_\_\_\_ \*see addendum ☐

**COGNITIVE/PERCEPTUAL PATTERNS****COGNITION**

Level of education \_\_\_\_\_ Primary Language \_\_\_\_\_ Able to speak English \_\_\_\_\_  
Abnormal thought processes \_\_\_\_\_ Memory loss (short/long term) \_\_\_\_\_  
Other pertinent data \_\_\_\_\_ \*see addendum ☐

**SENSATION**

Hearing: WNL \_\_\_\_\_ Impaired \_\_\_\_\_ Deaf \_\_\_\_\_ Hearing aid \_\_\_\_\_ Tinnitus \_\_\_\_\_  
Vision: WNL \_\_\_\_\_ Impaired \_\_\_\_\_ Glasses \_\_\_\_\_ Contact lenses \_\_\_\_\_ Cataracts \_\_\_\_\_  
Prosthesis(R/L) \_\_\_\_\_ Lens implants(R/L) \_\_\_\_\_ Glaucoma \_\_\_\_\_  
Taste: WNL \_\_\_\_\_ Impaired \_\_\_\_\_  
Smell: WNL \_\_\_\_\_ Impaired \_\_\_\_\_  
Touch: WNL \_\_\_\_\_ Impaired \_\_\_\_\_  
Numbness/tingling \_\_\_\_\_ Dizziness \_\_\_\_\_ Vertigo \_\_\_\_\_  
Other pertinent data \_\_\_\_\_  
\_\_\_\_\_ \*see addendum ☐

**NEURO SENSORY**

Mental Status: Alert \_\_\_\_\_ Oriented (x \_\_\_) \_\_\_\_\_ Receptive aphasia \_\_\_\_\_ Confused \_\_\_\_\_ Combative \_\_\_\_\_  
Obtunded \_\_\_\_\_ Unresponsive \_\_\_\_\_  
Speech: WNL \_\_\_\_\_ Slurred \_\_\_\_\_ Garbled \_\_\_\_\_ Expressive aphasia \_\_\_\_\_  
Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_ Size: (R) \_\_\_\_\_ (L) \_\_\_\_\_ React to light: (R) \_\_\_\_\_ (L) \_\_\_\_\_ Accommodation \_\_\_\_\_  
Other (surgeries, etc) \_\_\_\_\_  
Reflexes: DTR's: \_\_\_\_\_ Superficial: \_\_\_\_\_  
Movement & strength of extremities: R upper \_\_\_\_\_ L upper \_\_\_\_\_ R lower \_\_\_\_\_ L lower \_\_\_\_\_  
Seizure activity \_\_\_\_\_ Type \_\_\_\_\_  
Fontanel (infants only): soft/flat \_\_\_\_\_ full/tense \_\_\_\_\_ depressed \_\_\_\_\_  
Other pertinent data \_\_\_\_\_ \*see addendum ☐

**PAIN/COMFORT**

Acute pain: location \_\_\_\_\_ intensity (rating) \_\_\_\_\_ duration \_\_\_\_\_ pattern \_\_\_\_\_  
Chronic pain: location \_\_\_\_\_ intensity (rating) \_\_\_\_\_ duration \_\_\_\_\_ pattern \_\_\_\_\_  
Precipitating factors \_\_\_\_\_ Aggravating factors \_\_\_\_\_  
Accompanying symptoms \_\_\_\_\_  
Pain relief measures (type, how often) \_\_\_\_\_  
Satisfaction with relief (pain rating, etc.) \_\_\_\_\_  
PCA pump (medication, dosage, pump settings) \_\_\_\_\_  
Other discomforts \_\_\_\_\_ Relief measures \_\_\_\_\_  
Other pertinent data \_\_\_\_\_ \*see addendum ☐

**SELF PERCEPTION/SELF CONCEPT/COPING-STRESS TOLERANCE PATTERNS**

Major concerns regarding hospitalization/illness/perceived self concept \_\_\_\_\_  
\_\_\_\_\_  
Major losses in last year \_\_\_\_\_ Major life changes in last year \_\_\_\_\_  
Body image changes \_\_\_\_\_ Changes in abilities/role \_\_\_\_\_  
Emotional state: Calm \_\_\_\_\_ Cheerful \_\_\_\_\_ Euphoric \_\_\_\_\_ Anxious \_\_\_\_\_ Withdrawn \_\_\_\_\_ Sad \_\_\_\_\_ Irritable \_\_\_\_\_ Demanding \_\_\_\_\_  
Stressors \_\_\_\_\_  
Usual methods for stress management \_\_\_\_\_  
Relaxation techniques \_\_\_\_\_  
Other pertinent data \_\_\_\_\_ \*see addendum ☐

**SEXUAL/REPRODUCTIVE PATTERNS**

Female: Pregnancies \_\_\_\_\_ Children \_\_\_\_\_ LMP \_\_\_\_\_ Menopause \_\_\_\_\_  
Menstrual problems \_\_\_\_\_  
Last mammogram \_\_\_\_\_ Monthly self breast exams: yes ☐ no ☐ Last pap smear \_\_\_\_\_  
Vaginal discharge \_\_\_\_\_ Lesions \_\_\_\_\_ Bleeding \_\_\_\_\_  
Male: Last prostate exam \_\_\_\_\_ Monthly self testicular exam: yes ☐ no ☐  
History of STI \_\_\_\_\_  
Sexual concerns \_\_\_\_\_  
Other pertinent data: \_\_\_\_\_ \*see addendum ☐

**ROLE-RELATIONSHIP PATTERNS**

Occupation: \_\_\_\_\_ Employment status \_\_\_\_\_  
Marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Support systems: Spouse \_\_\_\_\_ Family in same residence \_\_\_\_\_  
Family not in residence \_\_\_\_\_ Neighbors/friends \_\_\_\_\_  
Educational level: \_\_\_\_\_ Educational level of parent (if patient is a minor) \_\_\_\_\_  
Family concerns regarding hospitalization: \_\_\_\_\_  
Changes in roles/relationships \_\_\_\_\_  
Other pertinent data: \_\_\_\_\_ \*see addendum ☐

**VALUE-BELIEF PATTERNS**

Cultural/ethnic background \_\_\_\_\_ Religion \_\_\_\_\_  
Life goals/values \_\_\_\_\_  
Religious values/beliefs which influence health \_\_\_\_\_  
Request pastoral care/support person \_\_\_\_\_  
Other pertinent data: \_\_\_\_\_ \*see addendum ☐

**DISCHARGE PLANNING & TEACHING NEEDS**

Anticipated D/C date \_\_\_\_\_ Discharged to \_\_\_\_\_ Lives with \_\_\_\_\_  
Major caregiver \_\_\_\_\_ Available help at home \_\_\_\_\_  
Anticipated self-care problems post-discharge \_\_\_\_\_  
Previous use of community resources \_\_\_\_\_  
Insurance Status: \_\_\_\_\_ Assistive devices needed \_\_\_\_\_  
Need for community resources post discharge \_\_\_\_\_  
Referrals made at discharge: (record date) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Other pertinent data: \_\_\_\_\_ \*see addendum ☐

**TEACHING NEEDS:** (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_ \*see addendum ☐