**Patient Assessment**

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Initials: \_\_\_\_\_\_G.G\_\_\_\_ Age: \_\_\_80\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_M\_\_\_

Resuscitation Status \_\_\_\_\_A\_\_\_\_ Allergies\_\_\_\_\_\_\_\_SULFA(SULFONAMIDE ANTIBIOTICS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Admission: \_\_\_\_ANOREXIA, DEPRESSION, ANEMIA, GAIT ABNORMALITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Diagnoses: \_\_MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE-SEVERE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Surgeries/Procedures and Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past medical history\_\_METABOLIC ENCEPHALOPATHY\_MAJOR DEPRESSIVE DISORDER\_ACUTE KIDNEY INJURY\_DYSPHAGIA\_CORONARY ARTERY DISEASE\_HYPERLIPIDEMIA\_ELECTROLYTES IMABALANCES\_PRESSURE ULCER OF SACRAL REGION\_FECAL IMPACTION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Orders:**

Diet\_\_\_\_\_\_REGULAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Output\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accu Cheks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vital signs\_\_\_114/54\_\_\_\_\_\_\_\_\_100\_\_\_\_\_\_\_\_\_\_\_99.0\_\_\_\_\_\_\_\_\_\_\_16\_\_\_\_\_\_\_\_\_\_\_\_99\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_

Drsg changes/wound care\_\_\_\_\_\_\_(PEG) CLEAN DAILY WITH NSS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foley\_\_\_\_\_\_\_\_\_\_ NG/G-tube/PEG?PEJ\_(PEG)\_JEVITY 1.5 BOLUS 120ML 4 TIMES PER DAY\_ FLUSH: 75ML OF WATER Q 8HR\_\_\_

IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for IV\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other orders:**

\_PT/OT for LE STRENGTHENING AND ENDURANCE TRAINING

\_MONITOR FOR SYMPTOMS OF INCREASED OR DECREASED SLEEP, DECREASED INTEREST, GUILT/WORTHLESSNESS, DECREASED ENERGY, DIFFICULTY CONCENTRATION, DECREASED IN APPETITE, DECREASED BALANCE OR COORDINATION, SUICIDAL IDEALATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Most recent *Imaging* Findings:** (CXR? CT? MRI?)

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| --- | --- | --- |
| Type of Imaging (X-Ray, CT, MRI, etc) | Body Area Imaged | Reason for testing and results of test |
| X-RAY | RIGHT HIP, UNILATERAL | UNREMARKABLE RIGHT HIP |
|  | WITH PELVIS WHEN PERFORMED 2-3 VIEWS | MILD DEGENERATIVE ARTHRITIS FROM PELVIS |
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**Most Recent *Significant* /Recent *Lab* Results:** (Chemistry? Hematology? Drug Levels? Coagulation tests?)

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| --- | --- | --- | --- | --- |
| Date | Lab Test | Results | Norms | Comments |
| 02/01/18 | WBC | 4.8 | 4.0-10.6 | NORMAL |
| 02/01/18 | RBC | 2.62 | 4.20-5.70 | LOW |
| 02/01/18 | HEMOGLOBIN | 8.1 | 13.0-17.0 | LOW |
| 02/01/18 | HEMATOCRIT | 24.5 | 38.0-50.0 | LOW |
| 02/01/18 | GLUCOSE | 108 | 65-99 | HIGH |
| 02/01/18 | CO2 | 29 | 19-28 | HIGH |
| 02/01/18 | ALBUMIN | 2.6 | 3.5-4.7 | LOW |
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**Other recent, significant procedures or tests (EKG, etc)**

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| Date | Test | Reason for testing and results of test |
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**Based on the information on these pages and your assessment of this patient, what is your FIRST or PRIORITY concern and why?**

You may copy and paste these tables onto the next sheet if you have more medications

|  |  |  |
| --- | --- | --- |
| Brand Name and Generic Name | Normal Dosage Ranges | Contraindications |
| SERTRALINE |  |  |
| Pharmacotherapeutic Class | Dosage Ordered | Adverse Reactions |
|  | **50 MG 3 TABS** |  |
| Why is patient receiving this med? (Can list related diagnosis, symptom, or need) | **Route and Frequency** | **Nursing Considerations and Teaching** |
| MAJOR DEPRESSIVE DISORDER | **ORAL DAILY** |  |

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| --- | --- | --- |
| Brand Name and Generic Name | Normal Dosage Ranges | Contraindications |
| THIAMINE HCL |  |  |
| Pharmacotherapeutic Class | Dosage Ordered | Adverse Reactions |
|  | 100MG 1 TAB |  |
| Why is patient receiving this med? (Can list related diagnosis, symptom, or need) | **Route and Frequency** | **Nursing Considerations and Teaching** |
| SUPPLEMENT | ORAL DAILY |  |

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| --- | --- | --- |
| Brand Name and Generic Name | Normal Dosage Ranges | Contraindications |
| OMEPRAZOLE |  |  |
| Pharmacotherapeutic Class | Dosage Ordered | Adverse Reactions |
|  | 20 MG 1 CUP |  |
| Why is patient receiving this med? (Can list related diagnosis, symptom, or need) | **Route and Frequency** | **Nursing Considerations and Teaching** |
| GERD | ORAL DAILY |  |

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| --- | --- | --- |
| Brand Name and Generic Name | Normal Dosage Ranges | Contraindications |
| ACETAMINOPHEN |  |  |
| Pharmacotherapeutic Class | Dosage Ordered | Adverse Reactions |
|  | 325 MG |  |
| Why is patient receiving this med? (Can list related diagnosis, symptom, or need) | **Route and Frequency** | **Nursing Considerations and Teaching** |
| PAIN | PO AS NEEDED |  |

|  |  |  |
| --- | --- | --- |
| Brand Name and Generic Name | Normal Dosage Ranges | Contraindications |
| ATORVASTATIN |  |  |
| Pharmacotherapeutic Class | Dosage Ordered | Adverse Reactions |
|  | 40 MG 1 TAB |  |
| Why is patient receiving this med? (Can list related diagnosis, symptom, or need) | **Route and Frequency** | **Nursing Considerations and Teaching** |
| CHOLESTEROL | PO BED TIME |  |

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| --- | --- | --- |
| Brand Name and Generic Name | Normal Dosage Ranges | Contraindications |
|  |  |  |
| Pharmacotherapeutic Class | Dosage Ordered | Adverse Reactions |
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| Why is patient receiving this med? (Can list related diagnosis, symptom, or need) | **Route and Frequency** | **Nursing Considerations and Teaching** |
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| *Routine Findings* | *Patient Variations/Abnormals* |
| **Skin** – |  |
| **Head and neck** – |  |
| **Respiratory** – NORMAL | NO ACCELERATED RESPIRATION, NO CHEST WALL TEDERNESS, NO COUGHING, NO USE OF ACCESSORY MUSCLE FOR RESPIRATION, LUNGS ARE CLEAR |
| **Cardiovascular**-- NORMAL | REGULAR HEART RATE, REGULAR HEART SOUNDS, NORMAL S1, S2. NO EXTRA SOUNDS |
| **Abdomen** – NORMAL  . | NO OBESITY, FLAT ABDOMEN, NORMAL BOWEL SOUND, NO GUARDING/REBOUND UPON PALPITATION  Bowel continence? CONTINENT Last BM? TODAY AT 6:00 AM Bowel Plan? |
| **Neurological**- NORMAL | NORMAL MEMORY, NORMAL CRANIAL NERVES, CRANIAL NERVES II THROUGH XII ARE INTACT |
| **Musculoskeletal** - . ABNORMAL | UNSTEADY GAIT |
| **Genitourinary** - | Urinary continence? Toileting plan? |

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| **Nursing Diagnosis #1:**  **Related to (RT):**  **As evident by (AEB):** | | |
| **Planning/Desired Outcome(s):** | | |
| **Implementation/Nursing intervention(s):** | **Implementation/Nursing intervention(s):** | **Evaluation/Patient Response** |
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| **Nursing Diagnosis #2:**  **Related to (RT):**  **As evident by (AEB):** | | |
| **Planning/Desired Outcome(s):** | | |
| **Implementation/Nursing intervention(s):** | **Implementation/Nursing intervention(s):** | **Evaluation/Patient Response** |
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| **Nursing Diagnosis #3:**  **Related to (RT):**  **As evident by (AEB):** | | |
| **Planning/Desired Outcome(s):** | | |
| **Implementation/Nursing intervention(s):** | **Implementation/Nursing intervention(s):** | **Evaluation/Patient Response** |
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Problem#\_\_\_\_\_\_\_\_\_

ND:

RT

AEB

Problem#\_\_\_\_\_\_\_\_\_

ND:

RT

AEB

Medical Diagnoses:

**Key** Assessments:

1.

2.

3.

4.

5.

Problem#\_\_\_\_\_\_\_\_\_

ND:

RT

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Problem#\_\_\_\_\_\_\_\_\_

ND:

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AEB

Problem#\_\_\_\_\_\_\_\_\_

ND:

RT

AEB

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| **Priority Diagnosis RT with AEB** |