

**C.S. MOTT COMMUNITY COLLEGE
SCHOOL OF HEALTH SCIENCES
CLINICAL ASSESSMENT FORM: **FIRST YEAR****

Instructions:

1. Include as much information about the client as possible, based on subjective data (interview with client) and objective data (from Kardex, chart, care plan, and physical assessment of client).
2. Treat this like an **ADMISSION ASSESSMENT**.
3. It is permissible to use a potential problem (At Risk for...) for the NANDA diagnoses or to state **NO** diagnosis (if no problem is identified in a section).
4. Describe what you see, hear, feel, and smell as you do your assessment, using descriptive terminology.
5. All meds on the client's orders/clinical focus should be on this assessment somewhere. For each medication, give dose and frequency.
6. Do not leave any of the spaces blank, but indicate the reason you are unable to assess (i.e. Info. not available (INA) = information pertains to this client, but is not available or NA = information is not applicable to this client).
7. **HIGHLIGHT WITH COLORED MARKER ABNORMAL FINDINGS THRU OUT THIS FORM.**
8. *Keep all assessments and care plans for your own future reference and have available upon request for future instructors.*
9. The term RANGE refers to the previous 24 hour values for this client.
10. **ALL information obtained on this form MUST be kept confidential.**

Client's Initials _____ Age _____ Gender _____ Student Name _____

Client's Room Number _____ Date of Assessment _____

Admitting Diagnoses & Date _____

Current Surgical Procedures & Dates _____

Prior Health History within past 5 years (surgeries, injuries & medical conditions) _____

Medications Prior to Admission (including prescriptions, OTC, and herbal medications) _____

Family History (specify conditions and relationship to client) _____

Allergies (list & state reactions):

Drug: _____

Food: _____

Environmental: _____

Latex: _____

Other Allergies impacting clients care at this time: _____

Code Status/Advanced Directives _____

Current Adult Immunizations (i.e. pneumococcal, influenza, DT, hepatitis, MMR, Meningococcal):

Nutritional Assessment:

Diet/tube feeding	Swallowing/Mastication
% eaten per meal	Condition of oral cavity
Actual weight	Serum Albumin
Actual height	Hgb _____ Hct _____ WBC _____ Platelets _____
Ideal weight for height	Serum Mg ⁺ _____ K ⁺ _____ Ca ⁺ _____ Na ⁺ _____
Recent weight gain/loss	Serum Glucose Range

IV Access Devices (central or peripheral) _____ Sites _____

Primary IV solutions with additives, and rate _____

Current or Prior (specify) Nutritional Problems, including food intolerances _____

Nutritional Medications/Supplements _____

Other Labs/Diagnostic Studies _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Integumentary Assessment:

Braden/Norton Scale Score	Hair
Skin turgor	Nails
Skin temp	Lesion description
Skin color changes	Scar description
Mucous membranes	Wound location/description
Temperature Range	Wound measurements

Additional Symptoms _____

Prior History _____

Integumentary Medications/Treatments (be specific) _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

GI Assessment:

Bowel sounds	Abd. palpation results
Bowel pattern	Last bm _____ description _____
Abd. percussion results	Drainage devices/output

Additional Symptoms _____

Prior History _____

GI Medications _____

Other Labs/Diagnostic Studies _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Renal Assessment:

	Input	Output	UA results
8 hour I & O total:			BUN _____ Creatinine _____
24 hour I & O total:			Urine Culture/Sensitivity
Urine description			Continence/Incontinence
Drainage devices			

Additional Symptoms _____

Prior History _____

Renal Medications _____

Other Labs/Diagnostic Studies _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Cardiovascular Assessment:

Heart sounds (specify)	Carotid Bruits
B/P range	Capillary refill
Pulse range	Edema
Peripheral pulses	Homan's Sign
	Cholesterol____ HDL____ LDL____ Trig____
Pulse deficits	

Additional Symptoms _____

Prior History _____

Cardiac Medications _____

Other Labs/Diagnostic Studies _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Respiratory Assessment:

Breath sounds	Resp Tx _____
SpO ₂ /pulse ox	Incentive Spirometer, max. vol inspired: _____
Respiratory rate range	Cough _____ Sputum description _____
Rhythm	Sputum culture/sensitivity _____
Chest excursion	Chest x-ray _____
Accessory muscle use	ABGs: pH ____ CO ₂ ____ HCO ₃ ____ O ₂ sat ____
	ABG Interpretation _____

Additional Symptoms _____

Prior History _____

Respiratory Medications _____

Respiratory Devices/Settings (i.e. O₂) _____

Other Labs/Diagnostic Studies _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Neuro/Muscular Assessment:

Glascow coma rating	Speech
PERRLA	Gait
LOC	Distance amb
Orientation (specify)	Assistive Devices
Short-term memory deficits	ROM
Long-term memory deficits	Weaknesses

Additional Symptoms _____

Prior History _____

Neuro/Muscular Medications _____

Other Labs/diagnostic Studies _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Sexuality/Reproductive Assessment:

Female	Male
Age @ menarche LMP	Testicular Self-Examination (TSE) practiced
Breast Self-Examination (BSE) practiced	Last prostate √
Last pelvic & pap	Last Prostate-Specific Antigen (PSA) value
Last mammogram	Circumcised
Marital status/Significant other	Marital status/Significant other

Additional Symptoms _____

Prior History _____

Sexuality/Reproductive Medications _____

Other Labs/Diagnostic Studies _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Cognitive/Psychological Assessment:

Level of education	Ability to relate to others
Profession/job	Psych History:
Affect	Body image

Additional Symptoms _____

Prior History _____

Cognitive/Psychological Medications _____

Substance Abuse (type, duration, frequency, last use) _____

Other Labs/Diagnostic Studies _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Perceptual Assessment: (describe technique used and findings)

Visual	Auditory
Corrective devices	Corrective devices
Pain rating scale (intensity) -	
If pain present: location -	
duration -	
quality -	
contributing factors -	
relieving factors -	

Additional Symptoms _____

Prior History _____

Perceptual Medications _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Activity/Self Care/ADL Assessment:

Bathing	Amb.
Feeding	Toileting
Cooking/cleaning	Safety Precautions (specify)
ADL Assistive Devices	

Additional Deficits _____

Prior History of Deficits _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Sleep/Rest Assessment:

# hours slept per night @ home	# hours slept per night @ hospital
Sleep aids	Naps
# of pillows used	HS confusion

Additional Symptoms _____

Prior History of Problems _____

Sleep/Rest Medications (Prescribed and OTC) _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Stressor Assessment: (list stressors in each category)

Financial	Cultural
Family	Spiritual
Psychological	Health

Additional Symptoms or pertinent information _____

Prior Stressors _____

Stressor Medications/Alternative Measures _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Actual OR Anticipatory Discharge Planning Assessment:

Education Required _____

Scripts Required _____

Agency Referrals _____

Follow up DR. Appts _____

Durable Medical (DM) Equipment Needed _____

Outpatient Follow-up Lab Work _____

Outpatient Follow-up PT/OT/ST/RT _____

Community Resources (i.e. Meals on Wheels, WIC, Support groups, etc) _____

NANDA Nursing Diagnoses pertinent to ABOVE abnormal findings with R/T:

Prioritize THE TOP THREE NANDA Nursing Diagnosis for this client, based on Maslow's hierarchy of needs:

1. _____

2. _____

3. _____