

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

Instructions:

1. Include as much information about the patient as possible, based on subjective data (interview with patient) and objective data (from Kardex, chart, care plan, and physical assessment of patient).
2. Treat this like an **ADMISSION ASSESSMENT**.
3. It is permissible to use a potential problem (At Risk for...) or a health seeking behavior (Readiness for) for the **NURSING DIAGNOSIS** 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 patient'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 patient, but is not available or NA = information is not applicable to this patient).
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 patient.
10. **ALL information obtained on this form MUST be kept confidential.**

Patient's Age _____ Gender _____ Student Name _____

Patient's Room Number (leave floor off) _____ Date of Assessment _____

Admitting & Current Diagnoses & Dates _____

Current Surgical Procedures & Dates _____

Health History (surgeries, injuries & medical conditions) _____

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

Family History (specify conditions and relationship to patient) _____

Allergies (list & state reactions):

Drug: _____

Food: _____

Environmental: _____

Latex: _____

Other Allergies impacting patient: _____

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_____
BMI	Serum Mg ⁺ _____ K ⁺ _____ Ca ⁺ _____ Na ⁺ _____
Recent weight gain/loss	Serum Glucose Range

IV Access Devices (name and size)_____ Sites_____

Additional Related Data_____

Primary IV solutions with additives, rate and tonicity_____

Current or Prior (specify) Nutritional Problems, including food intolerances_____

Nutritional Medications/Supplements_____

Other Labs/Diagnostic Studies_____

NURSING DIAGNOSES pertinent to ABOVE abnormal findings with R/T:

Integumentary Assessment:

Braden/Norton Scale Score	Hair
Skin turgor	Nails
Skin temp	Lesions (including rashes)
Skin color changes	Scar description
Mucous membranes	Wound location/description
Temperature Range	Wound measurements

Additional Symptoms_____

Prior History_____

Integumentary Medications/Treatments (be specific)_____

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 _____

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			Continent/Incontinent
Drainage devices			Hemodialysis or CAPD

Additional Symptoms _____

Prior History _____

Renal Medications _____

Other Labs/Diagnostic Studies _____

NURSING DIAGNOSES pertinent to ABOVE abnormal findings with R/T:

Cardiovascular Assessment:

Heart sounds (specify)	Carotid Bruits
B/P range	JVD
Pulse range	Edema
Peripheral pulses: Rad _____ PT _____	BNP
DP _____ Other _____	Cholesterol HDL LDL Trig
Pulse deficits	Troponin Myoglobin
Capillary refill	CPK's

* Staple monitor strip here if patient in monitored area

Intervals: PR _____ QRS _____ QT _____

Strip Interpretation: _____

Additional Symptoms _____

Prior History _____

Cardiac Medications _____

Other Labs/Diagnostic Studies _____

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 _____ Effort _____ Sputum description
Pattern	Sputum culture/sensitivity
Chest excursion	Chest x-ray
Accessory muscle use	ABGs: pH _____ PaCO ₂ _____ HCO ₃ _____ PaO ₂ sat _____ ABG Interpretation

Additional Symptoms _____

Prior History _____

Respiratory Medications _____

Respiratory Devices/Settings (i.e. O₂, vents, etc) _____

Other Labs/Diagnostic Studies _____

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 _____

NURSING DIAGNOSES pertinent to ABOVE abnormal findings with R/T:

Sexuality/Reproductive Assessment:

Female	Male
Age @ menarche LMP	TSE practiced
Gravida ___ Para ___ Abor ___ Miscar ___	Last prostate \checkmark
BSE practiced	Last PSA value
Last pelvic & pap	Circumcised
Last mammogram	Marital status/Significant other
Marital status/Significant other	

Additional Symptoms _____

Prior History _____

Sexuality/Reproductive Medications _____

Other Labs/Diagnostic Studies _____

NURSING DIAGNOSES pertinent to ABOVE abnormal findings with R/T:

Activity/Self Care/ADL Assessment:

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

Additional Deficits _____

Prior History of Deficits _____

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) _____

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 _____

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) _____

NURSING DIAGNOSES pertinent to ABOVE abnormal findings with R/T:

Prioritize THE TOP THREE NURSING DIAGNOSES for this patient, based on Maslow's hierarchy of needs:

1. _____

2. _____

3. _____