



3785 N.W. 82 Ave. Suite 211 \* Miami, Florida 33166  
Tel: 786-331-8146

# NURSING ASSESSMENT

PATIENT NAME \_\_\_\_\_ PT. # \_\_\_\_\_ HEIGHT \_\_\_\_\_  MALE  
DOB \_\_\_\_\_ WEIGHT \_\_\_\_\_  FEMALE  
VITAL SIGNS: BP \_\_\_\_\_ TEMP \_\_\_\_\_ RESP \_\_\_\_\_ PULSE APICAL \_\_\_\_\_ PULSE RADIAL \_\_\_\_\_ BS \_\_\_\_\_

HISTORY OF PRESENT ILLNESS: (INCLUDE DATES) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOSPITALIZATION/SURGERIES (REASONS & DATES) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS MEDICAL HISTORY (INCLUDE ONSET DATES):**

- CARDIAC \_\_\_\_\_  ANGINA  ARRHYTHMIA  CAD  CHF  HTN  M.I.  ALLERGIES \_\_\_\_\_
  - D.M. \_\_\_\_\_  INSULIN  ORAL AGENT  DIET CONTROLLED \_\_\_\_\_
  - RESPIRATORY \_\_\_\_\_  ASTHMA  COPD \_\_\_\_\_
  - CANCER \_\_\_\_\_  ULCERS \_\_\_\_\_  ETOH USE \_\_\_\_\_
  - OTHER \_\_\_\_\_
- REASON \_\_\_\_\_  
HOMEBOUND \_\_\_\_\_

**EVENT:**

VISION:  NORMAL  IMPAIRED  BLIND  CONTACT LENSES  
 GLASSES  CATARACTS

HEARING:  GOOD  POOR  HEARING AID  DEAF  TINNITUS

MOUTH:  GINGIVITIS  BLEEDING  LESIONS

TEETH:  OWN  DENTURES  UPPER  LOWER  PARTIAL

THROAT:  HOARSE  SORE  BURNING  PAIN

MUCOUS MEMBRANES:  MOIST  DRY  PINK

COMMENTS: \_\_\_\_\_

**MENTAL STATUS:**

ALERT  ORIENTED X3  COOPERATIVE  CONFUSED  
 ANXIOUS  FORGETFUL  DEPRESSED  ISOLATED  
 WITHDRAWN  LETHARGIC  COMATOSE  OTHER

COMMENTS: \_\_\_\_\_

**FUNCTIONAL LIMITATIONS:**

ADL:  SELF-CARE  MODERATE ASSISTANCE  MAX. ASSISTANCE  
ACTIVITY:  AMBULATORY  BRP  ASSIST TO TRANSFER  
 RESTRICTIONS: \_\_\_\_\_

NEEDS ASSISTANCE WITH: \_\_\_\_\_

**RESPIRATORY:**

BREATH SOUNDS:  EQUAL  CLEAR  COARSE  WHEEZING  
 RALES  RHONCHI  ABSENT

ORTHOPNEA  PAIN  HEMOPTYSIS  TACHYPNEA  SOB  
 APNEA  COUGH  NON-PROD. COUGH  PROD. COUGH

DESCRIBE COLOR \_\_\_\_\_

SMOKE \_\_\_\_\_ PACKS/DAY YEARS SMOKING \_\_\_\_\_

OXYGEN AT \_\_\_\_\_ LITERS/Min. VIA \_\_\_\_\_

IPPB  SAN \_\_\_\_\_ OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**SOCIAL ENVIRONMENT:**

CAREGIVER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

CAREGIVER: \_\_\_\_\_ CAREGIVER LIMITATIONS:  
 LIVES IN RESIDENCE  AGE  PHYSICAL  
 AVAILABLE AT ALL TIMES  WORK  ILLNESS  
 AVAILABLE SOMETIMES  OTHER RESPONSIBILITIES  
 UNWILLINGNESS

SUPPORT SYSTEM ADEQUATE:  YES  NO  
LANGUAGE SPOKEN: \_\_\_\_\_  
MEANS OF TRANSPORTATION: \_\_\_\_\_  
NEED FOR ANCILLARY SERVICES:  YES  NO  
TYPE: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

**NUTRITION:**

DIET \_\_\_\_\_  PO  NG  GT  
APPETITE \_\_\_\_\_  GOOD  POOR  FAIR

WEIGHT LOSS \_\_\_\_\_ (TIME FRAME)  
 WEIGHT GAIN \_\_\_\_\_ (TIME FRAME)  
 FLUID INTAKE \_\_\_\_\_ CUPS/DAY  OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**GASTRO/ABDOMINAL**

BOWEL SOUNDS:  PRESENT  ABSENT  HYPERACTIVE  HYPOACTIVE  
LAST BM DATE \_\_\_\_\_  NAUSEA  INDIGESTION  
 GAS  VOMITING  HEMATEMESIS  DIARRHEA  CONSTIPATION  
LAXATIVE/ENEMA USE FREQ. \_\_\_\_\_  PAIN  DISTENTION  
 HERNIA \_\_\_\_\_ (LOCATION)  MASSES \_\_\_\_\_ (LOCATION)  
 OSTOMY TYPE \_\_\_\_\_ (LOCATION)

COMMENTS: \_\_\_\_\_

**HOME ENVIRONMENTAL SAFETY:**

HOUSE  APARTMENT  STAIRS  GOOD LIGHTING  PHONE  
 PETS  CLEAR PATHS  OBSTACLES  FIRE ALARM

PATIENT/CAREGIVER ORIENTED TO:  
OBSTACLES TO MOBILITY?  YES  NO SAFETY DEVICES?  YES  NO  
FIRE/ELECTRIC SAFETY?  YES  NO

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GU/GYN:**

BLADDER:  CONTINENT  INCONTINENT  FREQUENCY  URGENCY  
 PAIN  ODOR  BURNING  RETENTION  HESITANCY  
 HEMATURIA,  URINE: COLOR \_\_\_\_\_  CLOUDY  
 OUTPUT. VOIDS \_\_\_\_\_ X/DAY OR \_\_\_\_\_ cc  NOCTURIA X \_\_\_\_\_  
 FOLEY SIZE \_\_\_\_\_ LAST CHANGED \_\_\_\_\_  
 BYN: LAST MENSES \_\_\_\_\_ LAST PAP \_\_\_\_\_  
 VAGINAL BLEEDING  DISCHARGE  OTHER \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

**IV/CATHETER/TUBE ASSESSMENT:**

TYPE \_\_\_\_\_  LOCATION \_\_\_\_\_  N/A  
 EVIDENCE OF:  REDNESS  SWELLING  DRAINAGE  PAIN  
 COMMENTS: \_\_\_\_\_  
 IMPLANTABLE PORT OTHER \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

**IN IMPLANTABLE PORT OTHER**

ACCESSED \_\_\_\_\_ GUAGE \_\_\_\_\_ INCH \_\_\_\_\_ (DEVICE)  
 INSERTION SITE \_\_\_\_\_  
 REASON FOR RESTART \_\_\_\_\_  
 NEEDLE/CATHETER D/E'D INTACT:  YES  NO (IF NO, EXPLAIN)  
 COMMENTS: \_\_\_\_\_

**CARDIOVASCULAR**

HEART RATE:  REG.  IRREG.  PALPITATIONS  CHEST PAIN  
 EDEMA \_\_\_\_\_ LOCATION (CIRCLE) 1+, 2+, 3+, 4+  
 NECK VEIN DISTENTION  DIMINISHED PULSE  FAINTING  
 PACEMAKER \_\_\_\_\_ /MIN  MURMUR  GALLOP  
 FLUID RESTRICTION \_\_\_\_\_ ML/DAY  
 COMMENTS: \_\_\_\_\_

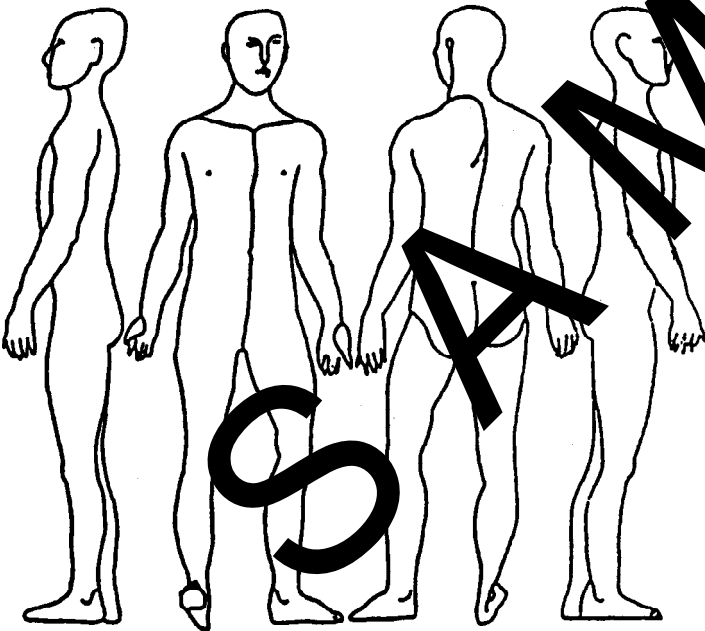
**NEURO/MUSCULAR:**

PUPILS: REACTIVE  R  L  HEADACHE  WEAKNESS  
 SYNCOPE  VERTIGO  NUMBNESS  TINGLING  STIFFNESS  
 COORDINATION PROBLEMS  CONTRACTURES  LETHARGIC  
 ROM LOSS  PAIN  UNSTEA \_\_\_\_\_  ARTHRITIS  TREMORS  
 APHASIA  PARALYSIS  HEMIPARESIS:  R  L  
 SEIZURES  COMATOSE  OTHER \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

**INTEGUMENTARY:**

SKIN:  PAIN  PALE  FLUSHED  JAUNDICE  WARM  
 COOL  DRY  DIAPHORETIC  ECCHYMOSIS  PETECHIE  
 RASH  ITCHING  POOR CIRCULATION  HAIR LOSS  WOUNDS  
 LEG ULCERS  
 WOUND ADDENDUM COMPLETED:  YES  NO  
 COMMENTS: \_\_\_\_\_

**WOUND ADDENDUM**



**DIAGRAM CODES** B - BURN C - CONTUSION D - DECUBITUS  
 E - ERYTHEMIA I - INCISION L - LACERATION  
 P - PETECHIA R - RASH S - SCAR  
 T - TUBES W - WOUNDS

**WOUND DESCRIPTION:**

	#1	#2	#3
LENGTH			
WIDTH			
DEPTH			
DRAINAGE			
COLOR			
ODOR			
AMOUNT			
RESULTS OF LAST C & S			

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_