



# Nursing Assessment (SOC & ROC)

Patient/Client Name \_\_\_\_\_ (6)  
 Address \_\_\_\_\_ (6)  
 Male  Female (9)     Single  Widowed  Married  Divorced  
 DOB \_\_\_\_\_ (8)    Disaster Priority \_\_\_\_\_  
 Health Care Surrogate  Yes  No if yes, Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Address \_\_\_\_\_

SOC Date \_\_\_\_\_ (2)  
 Phone # \_\_\_\_\_ (6)  
 Race \_\_\_\_\_  
 Primary Language \_\_\_\_\_  
 Phone# \_\_\_\_\_  
 Living Will  Yes  No  
 Copy in Home  Yes  No  
 Phone # \_\_\_\_\_  
 Ability/willingness to learn  Yes  No  
 Phone # \_\_\_\_\_ (24)  
 Fax # \_\_\_\_\_ (24)  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Phone # \_\_\_\_\_

Source of information:  Patient  Primary Caregiver/Emergency Contact  
 Primary Caregiver Name \_\_\_\_\_ Availability \_\_\_\_\_  
 Physician Name (24) \_\_\_\_\_  
 Address (24) \_\_\_\_\_  
 Pharmacy \_\_\_\_\_  
 Address \_\_\_\_\_  
 Other Agencies involved \_\_\_\_\_  
 Infusion Pharmacy \_\_\_\_\_  
 Primary Diagnosis \_\_\_\_\_  
 Secondary Diagnosis \_\_\_\_\_  
 Significant Surgeries \_\_\_\_\_  
 Health History/Hospitalization \_\_\_\_\_

Allergies \_\_\_\_\_ (17)

## System Review

1. Baseline Vital Signs    Wt \_\_\_\_\_ Ht \_\_\_\_\_  
 B/P@L \_\_\_\_\_ S \_\_\_\_\_ ST \_\_\_\_\_ BP(L) L \_\_\_\_\_ S \_\_\_\_\_ ST \_\_\_\_\_  
 Temp: \_\_\_\_\_ O A R Respirations: \_\_\_\_\_  
 Heart Rate: Apical \_\_\_\_\_ Radial \_\_\_\_\_  
 Regular  Irregular  
 Describe Abnormal Findings \_\_\_\_\_

5. Eyes  
 PERLA  
 Blind  
 Cataracts  
 Vision Loss  
 Contacts  Glasses  
 Double Vision  
 Floaters  
 Describe abnormal Findings \_\_\_\_\_

WNL  
 Pupils unequal  
 Glaucoma  
 Itching  
 Redness  
 Drainage  
 Jaundice

2. Neck  
 Cushingoid  WNL  
 Laryngectomy  Alopecia  
 Tracheostomy  Nodes / Masses  
 Describe abnormal Findings \_\_\_\_\_

6. Endocrine  
 Diabetes  
 Polyuria  
 Polyphasia  
 Describe abnormal Findings \_\_\_\_\_

WNL  
 Thyroid  
 Polydypsia  
 Glucometer testing  
 Normal range \_\_\_\_\_

3. Mouth & Throat  
 Bleeding Gums  WNL  
 Taste Alterations  Desqures  
 Thrush  Hoarseness  
 Other \_\_\_\_\_  Stomatitis  
 Mucus Membrane  Moist  Dry  Lesions  
 Describe abnormal Findings \_\_\_\_\_

7. Integumentary  
 Skin Color:  Pale  Red  
 Temp / Moisture  Warm  
 Dry  
 Integrity:  Intact  Rash  
 Bruise  Petechiae  
 Erythema  Incision  
 Wounds  Pruritis  
 Turgor:  WNL  1+  
 Tenting  
 Describe abnormal Findings \_\_\_\_\_

Skin WNL  
 Cyanotic  Jaundice  
 Hot  Cool  
 Moist  Diaphoretic  
 High Risk  Lesions  
 Ecchymosis  
 Decubitus Ulcer  
 Phlebitis  
 2+  3+  4+  
 Edema  1+  2+  3+

4. Nose & Ears  
 Congestion  WNL  
 Discharge  Epistaxis  
 Loss of Hearing  Loss of Smell  
 Other \_\_\_\_\_  
 Describe abnormal Findings \_\_\_\_\_

Describe abnormal Findings \_\_\_\_\_

Patient / Client Name: \_\_\_\_\_

**8. Wound**

Use wound sheet to Describe wounds

None

**9. Respiratory**

**Respirations:**

- At rest
- Apnea

- WNL
- Exertion  Dyspnea
- Orthopnea  Tachypnea

Rhythm / Depth

- Paroxysmal Nocturnal Dyspnea
- Regular  Irregular
- Deep  Shallow

Chest Expansion:

- Bilaterally Equal  Yes  No
- Retraction

**Breath Sounds:**

- Clear  L  R
- Diminished  L  R
- Inspiratory Wheeze
- Expiratory Wheeze
- Cough  Yes  No

- Rales  L  R
- Rhonchi  L  R
- L  R
- L  R
- Productive
- Nonproductive

Secretions

- Amt \_\_\_\_\_
- Oxygen  Yes  No (10)
- Type \_\_\_\_\_
- Smoker  Yes  No
- Describe abnormal Findings

- Consistency \_\_\_\_\_
- Color \_\_\_\_\_
- Continuous  PRN
- Liters/M \_\_\_\_\_
- Pack/day \_\_\_\_\_ Years \_\_\_\_\_

**10. Neurological**

- Seizures  Headache
- Mental Status: (19)**  Alert
- Oriented  Person
- Disoriented  Confused
- Lethargic  Comatose
- Memory Loss

- WNL
- Tremors
- Agitated
- Place  Time
- Irritable  Stuporous
- Depressed  Insomnia
- Paralysis

**Functional Limitations (18A)**

- Amputate  Ambulation
- Bowel/Bladder Incontinent
- Legally Blind  Hearing
- Other \_\_\_\_\_
- Describe abnormal Findings

- Endurance
- Speech
- Contracture
- Dyspnea/minimal exertion

**11. Venous Access**

- Peripheral Venous Status:
- Access device: \_\_\_\_\_
- Location: \_\_\_\_\_
- Groshong  Hickman
- Epidural  Intrathecal
- Other: \_\_\_\_\_
- Describe abnormal Findings

- Not related to current problem
- Good  Moderate  Poor
- Date Inserted \_\_\_\_\_
- Peripheral  PICC
- Subclavian  Port
- Sub Q

**12. Musculoskeletal**

- Arthritis**  Yes  No
- Pain  Swelling
- Fracture
- Deformity**  None
- Amputation
- Contracture
- Scoliosis

**Motor Defects:**  None

- Coordination
- Unsteady Gait

**Assistive Devices:**

- Walker  Cast
- Crutches  Brace
- Prosthesis Specify: \_\_\_\_\_

**Assistance Required for:**

- Homemaking
- Errands

**Activities (18B)**

- Bed Rest/BRP
- Transfer bed-Chair
- Walk (14)
- Care (14)

**Weight Bearing**

- Independent at Home
- Describe abnormal Findings

WNL

- Stiffness
- Location \_\_\_\_\_
- Location \_\_\_\_\_
- Atrophy  Kyphosis
- Specify \_\_\_\_\_

- Lordosis  Rigidity

- Paralysis  Strength
- Decreased ROM

- None  Cane
- Wheelchair  Splint
- Crutch

- Meal Preparation
- Personal Care
- Use of Phone
- Complete bed rest
- Up as Tolerated
- Wheelchair
- Crutches
- Partial Weight Bearing
- Full Weight Bearing
- No restrictions

**13. Gastrointestinal Status**

- Nausea  Vomiting
- Diarrhea  Cramping
- Dehydrated  Impaction
- Incontinence
- Ascites: Abdominal Girth: \_\_\_\_\_
- Abdominal Distention
- Ileostomy  Obstructed
- Date Last BM \_\_\_\_\_

**Nutritional Status:**  WNL

- Weight Gain \_\_\_\_\_ lbs
- Time frame \_\_\_\_\_
- Diet: \_\_\_\_\_ (16)
- Appetite:  Good  Fair
- Fluid Hydration: \_\_\_\_\_
- Enteral Feedings:  GT
- Type of catheter \_\_\_\_\_
- Describe abnormal Findings

- WNL
- Constipation
- Heartburn
- Flatulence
- Hemorrhoids
- Bloody Stool
- Colostomy
- Bowel Patterns \_\_\_\_\_

- Anorexia  Cachexia
- Weight Loss \_\_\_\_\_ lbs
- Alcohol  Yes  No Amt \_\_\_\_\_
- Fluid Restriction \_\_\_\_\_ (16)
- Poor  Improving
- Adequate  Inadequate
- JT  NG
- Formula \_\_\_\_\_ Rate \_\_\_\_\_

**14. Psychosocial**

- Anxiety  Agitated
- Withdrawn  Hostile
- Difficulty coping
- Uncooperative
- Describe abnormal Findings

- WNL
- Depression  Angry
- Flat Affect  Confused
- Lacks Motivation
- Other \_\_\_\_\_

Patient / Client Name: \_\_\_\_\_

**15. Cardiovascular**

Chest Pain:  At Rest  On Exertion  
 Burning  Pressure  Dull  Tightness  
 Location \_\_\_\_\_ Frequency \_\_\_\_\_  
 Relieved by: \_\_\_\_\_

Palpitations  SOB  Diaphoresis  Murmur  
 Gallop  DOE  Syncope  Fatigue  
 Hypertension  Orthostatic Hypotension  
 Peripheral Pulses  Pacemaker  
 Edema Location \_\_\_\_\_  
 Consistently Cold extremities  
 Describe abnormal Findings \_\_\_\_\_

**16. Pain**

Not related to current problems  None  
 Quality 1-10 \_\_\_\_\_ Location \_\_\_\_\_

**Type:**  Acute  Chronic  Intermittent  
 Intractable  Yes  No  
 At rest  Constant  Throbbing  Pulsating  
 Dull  Aching  Shooting  Sharp

**Effects:**  Sleep  Mood  
 Relieved by: \_\_\_\_\_  
 Exacerbated by: \_\_\_\_\_

Describe abnormal Findings \_\_\_\_\_

**Comments/Other Pertinent Data**

Further assessment Indicated  Yes  No Specify \_\_\_\_\_  
 Personal Protective equipment needed:  Yes  No Specify \_\_\_\_\_  
 Cultural/Religious Data that may affect patient teaching  Yes  No Specify \_\_\_\_\_

**17. Genitourinary Reproductive**

Catheter type \_\_\_\_\_ Insertion date \_\_\_\_\_ Size \_\_\_\_\_  
 Supra-Pubic  WNL  
 Condom  WNL  
 Ileoconduit  Nephrostomy  
 Burning  Dysuria

Hematuria  Oliguria  Nocturia  
 Frequency  Urgency  Polyuria  
 Sediment  Retention  
 Hesitation  Other \_\_\_\_\_  
 Urine Color \_\_\_\_\_  
 Yes  No

**Genitalia**  WNL  
 Discharge  Drainage  Inflammation  Lesions  
 Breast/Axilla  WNL  Lesions  Lumps  
 Mastectomy L  R \_\_\_\_\_  
 Describe abnormal Findings \_\_\_\_\_

**18. Home Environment / Safety**

Others in home \_\_\_\_\_  
 Dependent Children: \_\_\_\_\_  
**Conditions:**  
 Pets  No Phone  
 No bathroom  
 no heat  Stairs  
 no three prong outlets  
 no storage for supplies

**Patient Care giver instructed on:**  
 Standard Precautions  Disposal of sharps (15)  
 use of DME (15)  
 Safe environment  Yes  No  
 Specify \_\_\_\_\_  
 Describe abnormal Findings \_\_\_\_\_

<b>DME and supplies (15)</b>
<b>Goals (22)</b>
<b>Interventions (21)</b>

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_