

# NURSING ASSESSMENT TOOL

University of Louisiana at Lafayette

College of Nursing and Allied Health Professions

Department of Nursing

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Age \_\_\_\_\_ Gender: Male  Female   
**ALLERGIES** (Drugs, food, tape, dyes, latex, etc) yes  no  (If yes) Specify: \_\_\_\_\_  
 Describe reaction(s) \_\_\_\_\_ Admit date \_\_\_\_\_  
 Reason for admit \_\_\_\_\_ Admit diagnosis \_\_\_\_\_  
 Surgeries/Procedures (current) \_\_\_\_\_  
 Other medical diagnoses \_\_\_\_\_  
 Previous hospitalizations/surgeries/dates \_\_\_\_\_  
 \_\_\_\_\_  
 Ancillary consults (therapy, dietary, social services, etc.) \_\_\_\_\_  
**Advanced Directives:** Living will  DNR  Other \_\_\_\_\_ Isolation: yes  no  (If yes) type \_\_\_\_\_  
 Restraints in use: yes  no  (If yes) Restraint protocol \_\_\_\_\_ \*see addendum

## HEALTH PERCEPTION/HEALTH MAINTENANCE PATTERNS

General appearance \_\_\_\_\_ Immunizations up-to-date: yes  no  If no, explain \_\_\_\_\_  
 Recent illness/exposure to communicable disease \_\_\_\_\_  
 Strategies done to manage health \_\_\_\_\_ Motivation \_\_\_\_\_  
 Use of: Tobacco yes  no  (If yes) How long \_\_\_\_\_ How much \_\_\_\_\_  
 ETOH yes  no  (If yes) How long \_\_\_\_\_ How much \_\_\_\_\_  
 Other illicit substance(s) use/Date of last use \_\_\_\_\_  
 Complementary Alternative Medicine (CAM) use/Date of last use \_\_\_\_\_ \*see addendum

## MEDICATIONS (CURRENT PRESCRIPTION, OTC, & CAM)

Drug/Dosage/Route/Frequency	Drug/Dosage/Route/Frequency	Drug/Dosage/Route/Frequency

Home medication compliance/noncompliance \_\_\_\_\_ \*see addendum

## LABORATORY DATA (Identify labs: High=H, Low=L, Critical =C, \*\*\* = Trend)

blanks are for other pertinent labs

Test:↓Date: →	Admit:	Date:	Date:	Current:	Test:↓Date:→	Admit:	Date:	Date:	Current:
RBC					Na				
WBC					K				
Hemoglobin					BUN				
Hematocrit					Creatinine				
Platelets					Glucose				
INR					Triglycerides				
PT					Total Chol.				
PTT					HDL/LDL				
					BNP				

## MICROBIOLOGY CULTURE RESULTS

## VITAL SIGN FLOWSHEET (\*\*\*) = trend

Specimen	24 hour results	48 hour results	72 hour results	Date			
Urine				HR			
Sputum				BP			
Blood				RR			
Wound				Temp			

**DIAGNOSTIC TESTS (DATE/RESULTS)**

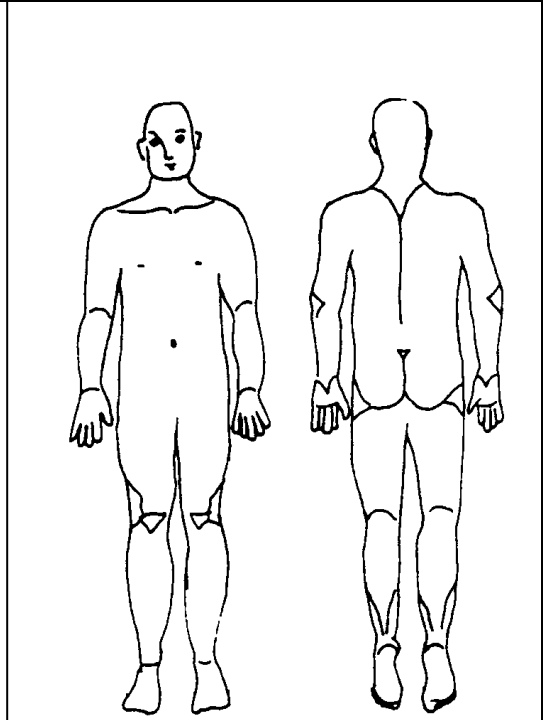
\*blanks are for other diagnostic tests

Chest X-ray \_\_\_\_\_  
 EKG \_\_\_\_\_  
 CT scan \_\_\_\_\_  
 MRI \_\_\_\_\_  
 Ultrasound \_\_\_\_\_  
 Other \_\_\_\_\_ \*see addendum

**NUTRITIONAL/METABOLIC PATTERNS**

ID Wounds (with number to refer to in form), IV sites, incisions, drains, etc.

Height \_\_\_\_\_ Current weight \_\_\_\_\_ Admit weight \_\_\_\_\_  
 Last 3 daily weights with dates \_\_\_\_\_  
 Current diet \_\_\_\_\_  
 Supplements \_\_\_\_\_ Restrictions \_\_\_\_\_  
 Pattern of intake at home \_\_\_\_\_  
 Appetite \_\_\_\_\_ Anorexia \_\_\_\_\_ Nausea/vomiting \_\_\_\_\_  
 Energy level \_\_\_\_\_ Recent wt.loss/gain \_\_\_\_\_  
 Condition of mouth/throat \_\_\_\_\_  
 Difficulty swallowing \_\_\_\_\_ Problems chewing \_\_\_\_\_  
 Dentures: None  Full  Partial  Wears them? yes  no   
 Restrictions: NPO \_\_\_\_\_ Fluid Restriction \_\_\_\_\_  
 Upper GI distress (describe) \_\_\_\_\_  
 NG/PEG/Dobhoff (circle one) suction \_\_\_\_\_ character \_\_\_\_\_  
 Enteral nutrition (type/rate) \_\_\_\_\_  
 Tube feeding residuals \_\_\_\_\_  
 TPN (type/rate) \_\_\_\_\_  
 IV fluids (type/rate) \_\_\_\_\_  
 Skin: Moisture \_\_\_\_\_ Turgor \_\_\_\_\_ Bruises \_\_\_\_\_ Pruritus \_\_\_\_\_  
 Edema \_\_\_\_\_ Incisions \_\_\_\_\_  
 Wounds \_\_\_\_\_  
 IV sites and condition \_\_\_\_\_  
 Dialysis access sites \_\_\_\_\_ Thrill \_\_\_\_\_ Bruit \_\_\_\_\_  
 Orthopedic devices \_\_\_\_\_  
 Other data \_\_\_\_\_ \*see addendum



INTAKE	Day 1:	Day 2:	Day 3:	Day 4:	Day 5:
Oral					
IV Fluids					
Tube feeding					
*					
<b>24 hr total</b>					
OUTPUT	Day 1:	Day 2:	Day 3:	Day 4:	Day 5:
Urine					
NG					
Stool					
Drain 1					
Drain 2					
Dialysis					
*					
<b>24 hr total</b>					

**Running Balance** (difference in total intakes and total outputs since admission) (+ / -)

\*Indicate other intake/output; Stool (liquid/colostomy)

\*see addendum

**ELIMINATION PATTERNS**

**Bowel habits:** #BMs/day \_\_\_\_\_ Last BM (date/time) \_\_\_\_\_ Usual pattern \_\_\_\_\_ color \_\_\_\_\_ consistency \_\_\_\_\_  
 Constipation \_\_\_\_\_ Diarrhea (#/day) \_\_\_\_\_ Incontinence \_\_\_\_\_ Flatus \_\_\_\_\_ Occult blood \_\_\_\_\_ Recent changes \_\_\_\_\_  
**Ostomy:** Type \_\_\_\_\_ Appliance \_\_\_\_\_ Self care? \_\_\_\_\_  
 Stoma condition \_\_\_\_\_ Stool appearance \_\_\_\_\_  
 Use of laxatives, enemas, etc (what & how often) \_\_\_\_\_  
**Abdominal PE:** Contour \_\_\_\_\_ Firmness \_\_\_\_\_ Pain \_\_\_\_\_ Bowel sounds \_\_\_\_\_ Quads \_\_\_\_\_ Describe \_\_\_\_\_  
 Abd girth \_\_\_\_\_ Ascites \_\_\_\_\_ Other \_\_\_\_\_  
**Bladder habits:** WNL \_\_\_\_\_ Frequency \_\_\_\_\_ Dysuria \_\_\_\_\_ Nocturia \_\_\_\_\_ Urgency \_\_\_\_\_ Hematuria \_\_\_\_\_ Retention \_\_\_\_\_  
 Incontinent: Yes  No  (if yes): Always  Occasional  Daytime  Nighttime  Difficulty reaching toilet   
 Assistive devices: Catheter \_\_\_\_\_ Diapers \_\_\_\_\_ Comments \_\_\_\_\_  
 Urine: Color \_\_\_\_\_ Odor \_\_\_\_\_ Clarity \_\_\_\_\_ Sediment \_\_\_\_\_  
 Dialysis : Yes  No  (if yes) type \_\_\_\_\_ how often \_\_\_\_\_  
 Other pertinent data \_\_\_\_\_ \*see addendum

**ACTIVITY – EXERCISE PATTERNS**

Activity level/pattern (prior to admit) \_\_\_\_\_ Exercise habits \_\_\_\_\_  
 History of physical disability \_\_\_\_\_ Uses assistive devices \_\_\_\_\_  
 Current activity level (orders) \_\_\_\_\_ Falls risk rating \_\_\_\_\_ Restraints \_\_\_\_\_  
 Range of motion: Full \_\_\_\_\_ Other \_\_\_\_\_  
 Ability to walk \_\_\_\_\_ Balance and gait: Steady \_\_\_\_\_ Unsteady \_\_\_\_\_  
 Casts/splints/braces \_\_\_\_\_ Fractures/contractures/arthritis/other \_\_\_\_\_  
 Verbalizes fatigue or weakness \_\_\_\_\_ General \_\_\_\_\_ Focal \_\_\_\_\_  
 Observed responses to activity (SOB, inc. pulse, B/P, etc) \_\_\_\_\_ \*see addendum

**ADL STATUS\***

\*Feeding \_\_\_\_\_ \*Meal preparation \_\_\_\_\_ \*Cleaning \_\_\_\_\_ \*Bathing \_\_\_\_\_ \*Dressing \_\_\_\_\_  
 \*Grooming \_\_\_\_\_ \*Toileting \_\_\_\_\_ \*Shopping \_\_\_\_\_ \*Laundry \_\_\_\_\_  
 Handedness: Right  Left  Able to use? \_\_\_\_\_  
 Physical or Occupational Therapy consult \_\_\_\_\_  
 Other pertinent data \_\_\_\_\_

**\*ADL Code (current status):**

- 0 Total independence
- 1 Requires device assistance
- 2 Requires 1 person assistance
- 3 Requires device and person assistance
- 4 Total dependence

**CARDIOVASCULAR STATUS**

**BP:** RA \_\_\_\_\_ LA \_\_\_\_\_ Sitting \_\_\_\_\_ Lying \_\_\_\_\_ Standing \_\_\_\_\_  
**Pulse:** Apical \_\_\_\_\_/min Radial \_\_\_\_\_/min Strong \_\_\_\_\_ Weak \_\_\_\_\_  
**Peripheral:** pulses: R upper: \_\_\_\_\_ L upper: \_\_\_\_\_ R lower: \_\_\_\_\_ L lower: \_\_\_\_\_  
 Nail bed color \_\_\_\_\_ Capillary refill \_\_\_\_\_ Temperature \_\_\_\_\_ Moisture \_\_\_\_\_  
 Edema \_\_\_\_\_ Sensation \_\_\_\_\_ JVD \_\_\_\_\_  
 Skin color: WNL \_\_\_\_\_ Pale \_\_\_\_\_ Cyanotic \_\_\_\_\_ Flushed \_\_\_\_\_ Other \_\_\_\_\_  
 Mucous membranes: Pink \_\_\_\_\_ Pale \_\_\_\_\_ Cyanotic \_\_\_\_\_ Other \_\_\_\_\_  
 Heart sounds: \_\_\_\_\_ S3 \_\_\_\_\_ S4 \_\_\_\_\_ Other \_\_\_\_\_  
 Hx of murmur \_\_\_\_\_ A-V bruit \_\_\_\_\_  
 Pacemaker \_\_\_\_\_ If yes, type & settings \_\_\_\_\_  
 Telemetry Yes  No  (if yes) cardiac rhythm \_\_\_\_\_  
 DVT prophylaxis regimen (describe) \_\_\_\_\_  
 Other pertinent data \_\_\_\_\_ \*see addendum

**RESPIRATORY STATUS**

Rate \_\_\_\_\_ Quality: Depth \_\_\_\_\_ Rhythm \_\_\_\_\_ Accessory use \_\_\_\_\_  
 SOB on exertion (type activity) \_\_\_\_\_ SOB at rest \_\_\_\_\_ Cough \_\_\_\_\_ Sputum (describe) \_\_\_\_\_  
 Best position for breathing \_\_\_\_\_ O<sub>2</sub> supplements \_\_\_\_\_  
 Breath sounds: (describe all lung fields): R upper anterior \_\_\_\_\_ R lower anterior \_\_\_\_\_  
   L upper anterior \_\_\_\_\_ L lower anterior \_\_\_\_\_  
   R upper posterior \_\_\_\_\_ R lower posterior \_\_\_\_\_  
   L upper posterior \_\_\_\_\_ L lower posterior \_\_\_\_\_  
 Airway adjuncts \_\_\_\_\_ Secretions \_\_\_\_\_  
 Chest tubes: location \_\_\_\_\_ settings \_\_\_\_\_ drainage \_\_\_\_\_  
 ABG's: pH \_\_\_\_\_ PO<sub>2</sub> \_\_\_\_\_ PCO<sub>2</sub> \_\_\_\_\_ Bicarb (HCO<sub>3</sub>) \_\_\_\_\_ O<sub>2</sub> Sat \_\_\_\_\_  
 Other pertinent data \_\_\_\_\_ \*see addendum

**SLEEP-REST PATTERNS**

Usual patterns: hours/night \_\_\_\_\_ AM nap \_\_\_\_\_ PM nap \_\_\_\_\_ Bedtime rituals/sleep patterns \_\_\_\_\_  
 Methods to promote sleep \_\_\_\_\_ Feel rested after sleep \_\_\_\_\_  
 Problems: Recent changes \_\_\_\_\_ Insomnia \_\_\_\_\_ Snoring \_\_\_\_\_ Hypersomnia \_\_\_\_\_  
                   Sleep Apnea \_\_\_\_\_ Nightmares \_\_\_\_\_ Other \_\_\_\_\_  
 Other pertinent data \_\_\_\_\_ \*see addendum

**COGNITIVE/PERCEPTUAL PATTERNS****COGNITION**

Level of education \_\_\_\_\_ Primary Language \_\_\_\_\_ Able to speak English \_\_\_\_\_  
 Abnormal thought processes \_\_\_\_\_ Memory loss (short/long term) \_\_\_\_\_  
 Other pertinent data \_\_\_\_\_ \*see addendum

**SENSATION**

Hearing: WNL \_\_\_\_\_ Impaired \_\_\_\_\_ Deaf \_\_\_\_\_ Hearing aid \_\_\_\_\_ Tinnitus \_\_\_\_\_  
 Vision: WNL \_\_\_\_\_ Impaired \_\_\_\_\_ Glasses \_\_\_\_\_ Contact lenses \_\_\_\_\_ Cataracts \_\_\_\_\_  
           Prosthesis(R/L) \_\_\_\_\_ Lens implants(R/L) \_\_\_\_\_ Glaucoma \_\_\_\_\_  
 Taste: WNL \_\_\_\_\_ Impaired \_\_\_\_\_  
 Smell: WNL \_\_\_\_\_ Impaired \_\_\_\_\_  
 Touch: WNL \_\_\_\_\_ Impaired \_\_\_\_\_  
 Numbness/tingling \_\_\_\_\_ Dizziness \_\_\_\_\_ Vertigo \_\_\_\_\_  
 Other pertinent data \_\_\_\_\_ \*see addendum

**NEURO SENSORY**

Mental Status: Alert \_\_\_\_\_ Oriented (x \_\_\_) \_\_\_\_\_ Receptive aphasia \_\_\_\_\_ Confused \_\_\_\_\_ Combative \_\_\_\_\_  
 Obtunded \_\_\_\_\_ Unresponsive \_\_\_\_\_  
 Speech: WNL \_\_\_\_\_ Slurred \_\_\_\_\_ Garbled \_\_\_\_\_ Expressive aphasia \_\_\_\_\_  
 Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_ Size: (R) \_\_\_\_\_ (L) \_\_\_\_\_ React to light: (R) \_\_\_\_\_ (L) \_\_\_\_\_ Accommodation \_\_\_\_\_  
           Other (surgeries, etc) \_\_\_\_\_  
 Reflexes: DTR's: \_\_\_\_\_ Superficial: \_\_\_\_\_  
 Movement & strength of extremities: R upper \_\_\_\_\_ L upper \_\_\_\_\_ R lower \_\_\_\_\_ L lower \_\_\_\_\_  
 Seizure activity \_\_\_\_\_ Type \_\_\_\_\_  
 Fontanel (infants only): soft/flat \_\_\_\_\_ full/tense \_\_\_\_\_ depressed \_\_\_\_\_  
 Other pertinent data \_\_\_\_\_ \*see addendum

**PAIN/COMFORT**

Acute pain: location \_\_\_\_\_ intensity (rating) \_\_\_\_\_ duration \_\_\_\_\_ pattern \_\_\_\_\_  
 Chronic pain: location \_\_\_\_\_ intensity (rating) \_\_\_\_\_ duration \_\_\_\_\_ pattern \_\_\_\_\_  
 Precipitating factors \_\_\_\_\_ Aggravating factors \_\_\_\_\_  
 Accompanying symptoms \_\_\_\_\_  
 Pain relief measures (type, how often) \_\_\_\_\_  
 Satisfaction with relief (pain rating, etc.) \_\_\_\_\_  
 PCA pump (medication, dosage, pump settings) \_\_\_\_\_  
 Other discomforts \_\_\_\_\_ Relief measures \_\_\_\_\_  
 Other pertinent data \_\_\_\_\_ \*see addendum

**SELF PERCEPTION/SELF CONCEPT/COPING-STRESS TOLERANCE PATTERNS**

Major concerns regarding hospitalization/illness/perceived self concept \_\_\_\_\_  
 \_\_\_\_\_  
 Major losses in last year \_\_\_\_\_ Major life changes in last year \_\_\_\_\_  
 Body image changes \_\_\_\_\_ Changes in abilities/role \_\_\_\_\_  
 Emotional state: Calm \_\_\_\_ Cheerful \_\_\_\_ Euphoric \_\_\_\_ Anxious \_\_\_\_ Withdrawn \_\_\_\_ Sad \_\_\_\_ Irritable \_\_\_\_ Demanding \_\_\_\_  
 Stressors \_\_\_\_\_  
 Usual methods for stress management \_\_\_\_\_  
 Relaxation techniques \_\_\_\_\_  
 Other pertinent data \_\_\_\_\_ \*see addendum

**SEXUAL/REPRODUCTIVE PATTERNS**

Female: Pregnancies \_\_\_\_\_ Children \_\_\_\_\_ LMP \_\_\_\_\_ Menopause \_\_\_\_\_  
 Menstrual problems \_\_\_\_\_  
 Last mammogram \_\_\_\_\_ Monthly self breast exams: yes  no  Last pap smear \_\_\_\_\_  
 Vaginal discharge \_\_\_\_\_ Lesions \_\_\_\_\_ Bleeding \_\_\_\_\_  
 Male: Last prostate exam \_\_\_\_\_ Monthly self testicular exam: yes  no   
 History of STI \_\_\_\_\_  
 Sexual concerns \_\_\_\_\_  
 Other pertinent data: \_\_\_\_\_ \*see addendum

**ROLE-RELATIONSHIP PATTERNS**

Occupation: \_\_\_\_\_ Employment status \_\_\_\_\_  
 Marital status: Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_  
 Support systems: Spouse \_\_\_\_\_ Family in same residence \_\_\_\_\_  
 Family not in residence \_\_\_\_\_ Neighbors/friends \_\_\_\_\_  
 Educational level: \_\_\_\_\_ Educational level of parent (if patient is a minor) \_\_\_\_\_  
 Family concerns regarding hospitalization: \_\_\_\_\_  
 Changes in roles/relationships \_\_\_\_\_  
 Other pertinent data: \_\_\_\_\_ \*see addendum

**VALUE-BELIEF PATTERNS**

Cultural/ethnic background \_\_\_\_\_ Religion \_\_\_\_\_  
 Life goals/values \_\_\_\_\_  
 Religious values/beliefs which influence health \_\_\_\_\_  
 Request pastoral care/support person \_\_\_\_\_  
 Other pertinent data: \_\_\_\_\_ \*see addendum

**DISCHARGE PLANNING & TEACHING NEEDS**

Anticipated D/C date \_\_\_\_\_ Discharged to \_\_\_\_\_ Lives with \_\_\_\_\_  
 Major caregiver \_\_\_\_\_ Available help at home \_\_\_\_\_  
 Anticipated self-care problems post-discharge \_\_\_\_\_  
 Previous use of community resources \_\_\_\_\_  
 Insurance Status: \_\_\_\_\_ Assistive devices needed \_\_\_\_\_  
 Need for community resources post discharge \_\_\_\_\_  
 Referrals made at discharge: (record date)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Other pertinent data: \_\_\_\_\_ \*see addendum

**TEACHING NEEDS:** (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) \_\_\_\_\_ \*see addendum