

PSYCHOSOCIAL HISTORY: (Safety/Security: Met ___ Unmet ___ ;
Love&Belonging: Met ___ Unmet ___ ; Self-Esteem: Met ___ Unmet ___)

Support Persons: _____

Affect: Calm ___ Cooperative ___ Bland ___ Withdrawn ___ Inappropriate ___
Irritable ___ Anxious ___ Fearful ___ Angry ___ Combative ___ Defensive ___
Thoughts: Clear ___ Goal Directed ___ Confused ___ Delusions/Hallucinations ___
Mood: Describe how patient is feeling today _____

Fear of Injury/Harm: Yes ___ No ___
Recent Stress: No ___ Yes ___ ; Describe _____
Ways of handling stress: _____
Comments: _____

Select Appropriate NANDA Term:
Impaired adjustment ___ *Anxiety* ___ *Disturbed body image* ___ *Ineffective coping* ___
Fear ___ *Dysfunctional grieving* ___ *Hopelessness* ___ *Powerlessness* ___
Chronic low self-esteem ___ *Situational low self-esteem* ___ *Spiritual distress* ___
Other: _____

NEUROLOGICAL: (Physical Safety: Met ___ Unmet ___ ; Rest/Activity: Met ___
Unmet ___)

Oriented: Person ___ Place ___ Time ___
Awake ___ ; Alert ___ ; Restless ___ ; Sedated ___ ; Lethargic ___ ; Comatose ___
Pupils: Equal ___ Unequal ___ Reactive ___ Sluggish ___
Extremity strength: Equal ___ Unequal ___
Speech: Clear ___ Slurred ___ Other: _____
Visual Impairment: None ___ ; Wears glasses/contacts ___ ; Blind ___ L ___ R ___
Hearing Impairment: None ___ ; Deaf ___ ; HOH ___ L ___ R ___ ; Aids: yes ___ no ___

Pain: Location: _____
Type of Discomfort: Chronic ___ Acute ___ Constant ___ Intermittent ___ Aching ___
Burning ___ Crushing ___ Dull ___ Heavy ___ Radiating ___ Sharp ___ Stabbing ___
Tender ___ Throbbing ___ Nausea/Vomiting present ___
Severity: _____ (scale 0 – 10) Alleviating Factors: _____

Comments: _____
Select Appropriate NANDA term:
Risk for injury ___ *Impaired verbal communication* ___ *Disturbed sensory perception,*
auditory/visual ___ *Impaired thought processes* ___ *Acute confusion* ___
Chronic confusion ___ *Acute pain* ___ *Chronic pain* ___

MUSCULOSKELETAL: (Rest/Activity: Met ___ Unmet ___; Physical Safety: Met ___ Unmet ___)

Full ROM of extremities: Yes ___ No ___; Transfers self: Yes ___ No ___ # of assist ___
Weakness ___; Tingling ___; Numbness ___; Contractures ___; Paralysis ___
Joint swelling ___; Joint pain ___; Gait: steady ___ unsteady ___
Assistive Devices: W/C ___ Walker ___ Brace ___ Cane/Crutches ___

Comments: _____

Select Appropriate NANDA terms:

Impaired bed mobility ___ *Impaired wheelchair mobility* ___ *Impaired transfer ability* ___
Impaired walking ___ *Risk for disuse syndrome* ___ *Unilateral neglect* ___ *Risk for injury* ___

RESPIRATORY: (Oxygenation Need: Met ___ Unmet ___)

Rate: ___; Even ___; Uneven ___; Shallow ___; Dyspnea ___; Orthopnea ___
Breath Sounds: Left ___ Right ___ Cough: occ. ___ int. ___ freq. ___
 ___ Clear ___ Non-productive ___ Productive ___
 ___ Diminished ___ Amt. sm ___ mod ___ lrg ___
 ___ Wheezing ___ Sputum: frothy ___ white ___
 Inspiratory ___ yellow ___ green ___
 Expiratory ___ bloody ___ thick ___ thin ___
 Other _____

Oxygen: NC ___ Mask ___ ___ L/min Pulse Oximetry ___ % Room air ___ Oxygen ___
Able to TCDB per self? Yes ___ No ___ Incentive spirometry ___ Freq ___
Endotracheal tube ___ Tracheostomy tube ___ Suctioning freq ___
Ventilator ___ Settings _____

Comments: _____

Select Appropriate NANDA terms:

Ineffective airway clearance ___ *Risk for aspiration* ___ *Ineffective breathing pattern* ___
Impaired gas exchange ___

CARDIOVASCULAR: (Oxygenation Need: Met ___ Unmet ___)

Apical Pulse ___ Reg ___ Irreg. ___; Radial: strong ___ weak ___; equal ___ unequal ___
Pedal : strong ___ weak ___; equal ___ unequal ___; assessed with Doppler ___
Edema: absent ___ present ___; location _____
Perfusion of skin: warm ___ dry ___ diaphoretic ___ cool ___
Capillary refill: < 3 sec. ___ > 3 sec. ___ Pacemaker ___
Monitor ___ Telemetry ___ Pattern _____

Comments: _____

Select Appropriate NANDA terms:

Decreased cardiac output ___ *Ineffective tissue perfusion* ___ *Fluid volume excess* ___

GASTROINTESTINAL: (Food: Met ___ Unmet ___; Fluid: Met ___ Unmet ___;
Elimination: Met ___ Unmet ___)
Height: _____ Weight _____ Recent gain/loss _____
General appearance: well nourished ___ emaciated ___ other _____
Diet ordered: _____ Chewing/swallowing difficulties: yes ___ no ___
Appetite: Breakfast ___ % Lunch ___ % Dinner ___ %
Abdomen: soft ___ firm ___ tender ___ distended ___ expelling flatus ___
Bowel sounds: absent ___ present ___ normoactive ___ hypoactive ___ hyperactive ___
Nausea ___ Vomiting ___ Diarrhea ___ Constipation ___ Uses laxatives? yes ___ no ___
Usual freq. of stools _____ Last BM _____ Describe _____
NG tube ___ G-tube ___ J-tube _____ Feedings: type _____ bolus ___ cont. ___
rate: _____ TPN _____ Colostomy ___ Ileostomy _____
IV fluids: Type _____ Rate _____
Comments: _____

Select Appropriate NANDA terms:

Constipation ___ Diarrhea ___ Impaired swallowing ___ Nausea ___ Imbalanced nutrition: less than body requirements ___ Imbalanced nutrition: more than body requirements ___ Other _____

GENITOURINARY: (Elimination: Met ___ Unmet ___; Fluid: Met ___ Unmet ___)

Last voided _____ Describe urine _____
Dysuria ___ Frequency ___ Burning ___ Difficulty initiating ___ Urgency ___ Hematuria ___
Catheter: Foley ___ Suprapubic ___ External ___ Ureterostomy ___
24 hour: Intake _____ Output _____
Incontinence: functional ___ stress ___ total ___

Comments: _____

Select Appropriate NANDA term:

*Impaired urinary elimination ___ Urinary incontinence, functional ___
Urinary Retention ___ Fluid volume deficient ___ Fluid volume excess ___
Other _____*

ACTIVITY/REST: (Rest/Activity: Met ___ Unmet ___)

Activity Order: _____ Needs assist with: ambulating ___ elimination ___
meals ___ hygiene ___ dressing ___; Sleeps # of hrs. _____ Rested upon
awakening ___ Insomnia ___ Uses sleeping pills ___; Dyspnea with activity ___

Comments: _____

Select Appropriate NANDA terms:

Activity intolerance ___ Disturbed sleep pattern ___ Self-care deficit ___ Fatigue _____

SKIN AND MUCOUS MEMBRANES: (Physical Safety: Met ___ Unmet ___)

Color of skin: flesh ___ pale ___ flushed ___ cyanotic ___ jaundiced ___
Skin temp: cool ___ warm ___ hot ___ Moisture: dry ___ clammy ___
diaphoretic ___ Integrity: Intact ___ Impaired ___ Location _____
Turgor: good ___ fair ___ poor ___
Mucous membranes: Intact ___ Impaired ___ Describe _____
Pink ___ Pale ___ Moist ___ Dry ___
IV site _____ Insertion date _____ Size _____ Clear ___ Patent ___

PressureUlcer:

Location _____
Describe _____ Stage _____

Wound:

Location: _____ Describe: _____

Comments: _____

Select Appropriate NANDA terms:

Impaired skin integrity ___ *Impaired tissue integrity* ___ *Impaired oral mucous membranes* ___ *Risk for infection* ___

SAFETY: (Physical Safety: Met ___ Unmet ___)

Temperature: _____ Infection present: yes ___ no ___
Immunizations: Childhood: yes ___ no ___ Date of last tetanus _____
Date of last TB test _____
Fall Risk Assessment (High risk for pt. who meets 4 or more criteria):
Over 70 yrs. ___ Confused ___ History of falling ___ Unsteady gait ___ Impaired mobility ___
First day of admission or relocation ___ Sedative or psychotropic meds ___
Comments: _____

Select Appropriate NANDA terms:

Risk for infection ___ *Risk for falls* ___ *Risk for injury* ___

EDUCATION/DISCHARGE PLANNING:

What do you know about your present illness? _____

What information do you want or need about your medications and treatments?

Would you like family(significant others) involved in your care? _____

What concerns do you have about leaving the hospital? _____

Patient support person _____

Planned discharge to _____

ASSESSMENT OF PSYCHOSOCIAL DEVELOPMENT (ERIKSON):

Pt.'s age: _____

Erikson's appropriate psychosocial task for this age is _____

Erikson't observed stage for this patient is _____

- | | |
|---------------------------------------|---|
| 1. Basic Trust vs. Mistrust _____ | 5. Identity vs. Confusion _____ |
| 2. Autonomy vs. Shame and Doubt _____ | 6. Intimacy vs. Isolation _____ |
| 3. Initiative vs. Guilt _____ | 7. Generativity vs. Self-absorption _____ |
| 4. Industry vs. Inferiority _____ | 8. Integrity vs. Despair _____ |

Your assessment of the stage for this patient is: _____ same _____ other. If other, indicate which stage: _____

Using the above information, list nursing interventions to **individualize** your plan of care.