

MERCER COUNTY COMMUNITY COLLEGE  
NURSING EDUCATION PROGRAM

NRS122 – NURSING ASSESSMENT FORM

SECTION 1 NURSING CARE CONSIDERATIONS

A. Information Source:  Patient  Other (relationship) \_\_\_\_\_

TB Screening:  Reported done in past year, negative  
 Not done, will order  
 Positive

Immunization Record:  Pt/Family reports up-to-date, records pending  
 Not applicable, patients over age 20

B. Allergies:  No  Yes

Medication \_\_\_\_\_

Food \_\_\_\_\_

Latex

Other \_\_\_\_\_

C. Elimination Pattern:

Difficulties with bladder  No  Yes  Incontinent Explain: \_\_\_\_\_

Difficulties with bowels  No  Yes  Incontinent Explain: \_\_\_\_\_

Use of laxatives  No  Yes Explain: \_\_\_\_\_

D. GYN (If Applicable):

Last menses: \_\_\_\_\_

Problems: \_\_\_\_\_

E. Sleep Pattern:

Describe: \_\_\_\_\_

Use of sleep aids  No  Yes Type: \_\_\_\_\_

F. Pain Screen:

Are you experiencing any pain?  Yes  Acute  Chronic No

H. Addiction Assessment:

Usage Denied/ Not Reported (skip to next section if negative)

Substance	Route	Age of 1 <sup>st</sup> Use	Current Amount/Frequency	Duration of Current Use	Date/Amount of Most Recent Use

If smoking, information on quitting given:  Yes  No  Refused Date: \_\_\_\_\_

SECTION 2

INITIAL ASSESSMENT: NURSING SECTION

J. Functional Screen:

Assess Patient's Ability To:	Independent	Requires Assistance	Requires Total Care	Has there been a significant change in status in last week or since this episode of illness began?
Transfer				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Ambulate				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Perform activities of daily living				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Assistive Devices:      None             Cane             Bedside Commode  
                                   Splint/braces     Wheelchair     Walker  
                                   Other (specify) \_\_\_\_\_

K. Fall Screen: (adult and adolescent specific)

1. Has history of one or more falls in the last 30 days (not sports related).  Yes     No
2. Is the patient confused or disoriented?  Yes     No
3. Is the patient visually impaired affecting his/her daily activities of living?  Yes     No
4. Is the patient on medication causing postural hypotension/sedation?  Yes     No
5. Does the patient have an unstable gait or need help with balance? OR Does the patient need minimum assistance and/or walks with an aid?  Yes     No

L. Self Perception Concept:

What brings you into the hospital? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell me what you think about yourself. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are you most concerned about now? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want to work on while here? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Living arrangements: \_\_\_\_\_ Lives Alone \_\_\_\_\_ Lives With \_\_\_\_\_

\_\_\_\_\_

Describe your relationship with parents/guardian/family \_\_\_\_\_

\_\_\_\_\_

N. Appearance \_\_\_\_\_

\_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

O. Adolescent Specific

Any restrictions for gym \_\_\_\_ No \_\_\_\_ Yes Explain: \_\_\_\_\_

School: Grades \_\_\_\_\_ Attendance \_\_\_\_\_  
 Suspensions \_\_\_\_\_ Probation \_\_\_\_\_

SECTION III PRELIMINARY NURSING CARE PLAN (NCP)

Patient Strengths:	
	Supportive Family
	Motivated for treatment
	Able to process information
	History of responsiveness to treatment
	____Meds ____ ECT ____Psychotherapy
	Ability to manage ADL's
	Ability to express feelings

Comments:

Problem/Needs:	
	Danger to self
	Assaultive
	Alteration in mood
	Impaired nutrition
	Substance abuse
	Chronic or acute pain
	Inability to manage ADL's as evidenced by _____
	Altered thought process
	Poor impulse control
	Disabling anxiety as evidenced by _____
	Self-injurious behavior

Comments

<b>Interventions:</b>	
	Provide safe patient environment
	Withdrawal assessment
	Provide limit setting
	Medication education
	Psychoeducation
	Pre/Post ECT care
	Intake and output
	Nutrition consulted ordered
	Pain evaluation
	Fall precautions

Comments

<b>Discharge Planning Factors:</b>	
	Patient education
	Family/Significant other education
	Medication education
	Home Health Agency
	Community resources

Comments