

**CLARK COLLEGE DEPARTMENT OF NURSING
NURSING DATA BASE**

PATIENT ASSESSMENT

Hx _____

Student _____ Instructor _____ Date _____ Dx _____

<p>Surgery/Date _____ Age: _____ Date: _____ ALLERGIES : _____ Religion: _____</p> <p>Pre-pregnancy Weight: (Kg) _____ Weight at Admission: (Kg) _____</p> <p align="center">TREATMENTS</p> <p>Diet: _____</p> <p>Activity/Restrictions _____ Position: _____</p> <p>Hygiene: _____ Sitz bath: _____</p> <p>Bowel Care: _____</p> <p>Special Treatments: _____ Ice packs _____ Breast Pump _____</p>	<p>Date, time of delivery: _____ Gravid: _____ Para: _____ EDD: _____ Ethnicity: _____ Family support: _____ Blood Loss: _____ ml Anesthesia: _____ Type: _____ Vaginal _____ Cesarean _____ Episiotomy: _____ Laceration: _____</p> <p>Consults: _____ Lactation _____ Social Work _____ CPS _____ Birth Certificate: _____</p> <p>MEDICATIONS [taking today & prn] _____ PURPOSE _____ Dosage/Route/Time _____</p> <p>: _____ : _____ Last Pain Rx _____ Time _____</p> <p>PCA/Epidural _____</p> <hr/> <p>IV: # _____ Solution _____ Rate _____ Start _____</p> <p>Saline Lock: _____ Last flush: _____</p>			
TEST	PT's RESULTS	NORM	SIGNIFICANCE	<p>Newborn Information Gender: _____ Gestational Age: _____ APGAR: _____</p> <p>Birth Weight: _____ g Length: _____ cm Head Circumference _____ cm Today's Weight: _____ g % Weight Loss: _____ Breastfeeding: _____ Formula feeding: _____</p> <p>Feeding difficulties: _____</p> <p>Medications: _____</p> <p>Stool: _____ Void: _____ Newborn Screening [PKU, etc]: _____ Rh: _____ Coombs: _____ Sepsis protocol: _____ VS signs q _____ Next due at: _____ GlucoseScan protocol: _____ Time(s) next GlucoScan(s) due: _____ Circumcision: _____ Jaundice: _____ Bili level: _____ UDS: _____ Hearing Screen: _____ Car seat: _____ Picture: _____ Alarm: _____</p>
<p>Blood type Rubella immunity HbsAg Group B strep Hematocrit Hemoglobin WBC RPR/VDRL/Serology Chlamydia Gonococcus Antibody Screen Triple/Quad Screen Diabetic Screen HIV CF Screen Pap Other:</p>				

Assessment Flow Sheet			
Date:	Maternal	Infant	
COGNITIVE-PERCEPTUAL LOC (PERLA, reflexes) Sensory (Pain, hearing, vision, sensation)			
NUTRITIONAL-METABOLIC Integumentary Diet, weight, hydration, incision, IV's - fluid, rate, site			
ACTIVITY - EXERCISE Motor (grips, gait, movement, limitations) Temperature Respiratory (rhythm, rate effort, lung sounds, O ₂) Cardiovascular (rhythm, rate, apical & peripheral pulses, BP capillary refill)			
ELIMINATION - G.I. (bowel sounds, distention, flatus BM, describe abdomen) Renal (I&O), Foley, etc. Drains, tubes, etc.			
HEALTH PERCEPTION -MGMT Learning Needs		Additional Space for Notes :	
SLEEP - REST Usual pattern of sleep			
SELF-PERCEPTION - SELF-CONCEPT			
ROLE RELATIONSHIP			
SEXUALITY - (fundus, flow, breasts)			
COPING - STRESS TOLERANCE			
VALUES - BELIEF/CULTURAL			
ERICKSON DEVELOPMENTAL LEVEL			

Mother's Prioritized Nursing Dx

- 1.
- 2.
- 3.

Infant's Prioritized Nursing Dx

- 1.
- 2.
- 3.

Notes