

Nursing Database

All information contained in this database is strictly confidential.

Student:		Instructor:	
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Patient Information						
Dates of Care:		Room Number:		Gender:		Age:
Code Status						
Past Medical History						
Surgeries						
Date	Description					
Admitting Diagnosis						
Date	Description					
Allergies						
Vital Signs						
Date & Time	BP	HR	RR	O ₂ Sats	Temp	Weight
Notes						
Intake and Output Record						
Intake	Amount In		Output	Amount Out		
IVF			Urine			
IVPB			NG drainage/emesis			
Blood/colloid			Liquid Stool			
Oral Intake			Other			
Total In, Current Shift			Total Out, Current Shift			
Total In, Past 24 Hours			Total Out, Past 24 Hours			
Treatments						
Diet:			CBG's:			
Fluids:			Telemetry:			
Activity Restrictions:			O ₂ :			
Position:			Wound Care:			
Hygiene Issues:			Drains:			
			Ventilator:			
			Tracheostomy:			

LAB VALUES

METABOLIC	Normal Ranges	Date	Date	Date	Implications: Be Specific
Sodium	135-145 mEq/L				
Potassium	3.5-5.0 mEq/L				
Chloride	98-107 mEq/L				
CO ₂	22-32 mol/L				
Creatinine	0.4-1.0 mg/dl				
BUN	8-20 mg/dl				
Glucose, random	70-110 mg/dl				
Calcium	8.5-10.5mg/dl				
Phosphorus	2.5-4.5mg/dl				
Magnesium	1.7-3.4mg/dl				
Albumin	3.5-4.8 gm/dl				
Total protein	6.1-7.9 gm/dl				
Bilirubin, total	0.4-2.0 mg/dl				
AST (aspartate aminotranspeptidase)	15-41U/L				
ALT (alanine aminotransferase)	14-54 U/L				
Alk. phosphatase	38-126 U/L				
LIPIDS					
Cholesterol	120-200 mg/dl				
Triglycerides	0-150 mg/dl				
HDL cholesterol	40-60 mg/dl				
LDL cholesterol	0-100 mg/dl				
Chol/HDL ratio	0.0-5.0				
HEMOGRAM					
WBC(x1000)/ul	4.0-11.00				
Neutrophils	55-70%				
Lymphocytes	20-40%				
Monocytes	2-8%				
Eosinophils	1-4%				
Basophils	0.5-1.0%				
RBC(x100000)/ul	4.0-5.20				
Hemoglobin	12.0-16.0 g/dl				
Hematocrit	36.0-46.0 %				
Platelets	140-440				
Mean platelet vol.	6.5-12.0				
COAGULATION					
PT (Prothrombin time)	11.9-14.9				
INR	0.86-1.16				
aPTT	23.9-37.63				
aPTT ratio	0.78-1.22				
URINE					
RBC, urine	0-10				
WBC, urine	0-14				
Epithelial cells	0-1				
Casts	0-1				
Bacteria	0-2500				
Specific Gravity	1.010-1.025				

Assessment Flow Sheet	
<p>Cognitive - Perceptual Pattern</p> <ul style="list-style-type: none"> • Describes sensory perceptual and cognitive pattern. Include LOC or orientation status. • Adequacy of vision, hearing, taste, touch, smell • Language adequacy and communication skills. • Memory • Decision-making ability, patterns • Perception of pain and how it is managed. If present, include location, description, rate on 0-10 scale. 	
<p>Activity - Exercise Pattern</p> <ul style="list-style-type: none"> • Pattern of exercise, activity, leisure, recreation • Ability to perform activities of daily living (self-care, home maintenance, work, eating, shopping, cooking) • Factors interfering with desired or expected pattern for the individual, i.e. limited mobility, dyspnea, angina, etc. • Motor (grips, gait, movement, limitations) 	
<p>Respiratory Assessment</p> <ul style="list-style-type: none"> • Look and listen: <ul style="list-style-type: none"> ◦ Depth, effort, symmetry of chest movements, rhythm, rate, adventitious breath sounds, and O₂ sats, (RA or O₂ and rate, NC or mask) Use of IS • Assess for cough <ul style="list-style-type: none"> ◦ Productive, nonproductive <ul style="list-style-type: none"> ▪ Sputum – color, consistency, and amount. 	
<p>Cardiovascular & Peripheral Vascular Assessment</p> <ul style="list-style-type: none"> • Listen and palpate: <ul style="list-style-type: none"> ◦ Rhythm, rate, heart sounds, apical & peripheral pulses, capillary refill, and edema. • SCDs, TED hose 	
<p>Nutritional - Metabolic Pattern</p> <ul style="list-style-type: none"> • Usual pattern of food and fluid intake, diet ordered <ul style="list-style-type: none"> ◦ Nutrition, types of food/fluid consumed, use of nutrient/vitamin supplements • Appetite - i.e., how much of the meal did the patient eat, able to drink fluids, particular food preferences. Reports of nausea or vomiting. • Reports of skin lesions and general ability to heal. Note wounds, incisions, and drains. <ul style="list-style-type: none"> ◦ Condition of skin, hair, nails, mucous membranes, teeth • Actual weight, weight loss or gain <ul style="list-style-type: none"> ◦ Presence of edema 	
<p>Elimination Pattern</p> <ul style="list-style-type: none"> • Bowel elimination pattern, changes in pattern of excretion, quality, or quantity • Bladder elimination pattern, changes in pattern of excretion, quality, or quantity • Control problems <ul style="list-style-type: none"> ◦ Incontinence ◦ Retention • Use of routines, medications (laxatives, softeners) • Use of assistive devices, i.e. Foley catheter. • G.I. assessment of bowel sounds, distention, and flatus. 	
<p>Sleep - Rest Pattern</p> <ul style="list-style-type: none"> • Patterns of sleep, rest, and relaxation • Perception of quality, quantity • Perception of energy level • Use of medications or routines to aid sleep 	
<p>Health Perception – Health Management Pattern</p> <ul style="list-style-type: none"> • Perception of health status and relevance to current activities, future planning • Perceived pattern of health, well-being <ul style="list-style-type: none"> ◦ Injuries, illnesses • Knowledge of lifestyle and relationship to health <ul style="list-style-type: none"> ◦ Health practices ◦ Unhealthy lifestyle • Knowledge of preventive health practices • Adherence to medical, nursing prescriptions <ul style="list-style-type: none"> ◦ Compliance 	

<p>Self-Perception - Self Concept Pattern</p> <ul style="list-style-type: none"> • Attitudes about self, sense of worth • Perception of abilities (cognitive, affective or physical) • Emotional patterns <ul style="list-style-type: none"> ◦ Anxiety/fear • Body image, identity • Pattern of body posture and movement, eye contact, voice and speech pattern 	
<p>Role - Relationship Pattern</p> <ul style="list-style-type: none"> • Perception of the major roles and responsibilities in current life situation • Pattern of relationships, satisfaction or disturbances in: <ul style="list-style-type: none"> ◦ Family ◦ Work ◦ Social • Role responsibilities <ul style="list-style-type: none"> ◦ Parenting, spouse, aunt/uncle, ◦ Work, vocation, volunteer work, retirement • Satisfaction with relationships and responsibilities 	
<p>Sexuality - Reproductive Pattern</p> <ul style="list-style-type: none"> • Menstrual, reproductive history • Satisfaction with sexual relationships, sexual identity • Premenopausal or postmenopausal problems • Accuracy of sex education • Effect current medical condition will have on intimacy issues 	
<p>Coping - Stress Tolerance Pattern</p> <ul style="list-style-type: none"> • Perceived ability to manage stress, to control and manage situations • Knowledge of stress tolerance • Sources of support • Number of stressful life events in last year 	
<p>Value /Belief/Spiritual/Cultural Pattern</p> <ul style="list-style-type: none"> • Values, goals, beliefs (including spiritual) that guide choices and/or decisions • What is perceived as important in life • Perceived conflicts in values, beliefs, or expectations that are health related 	
<p>Erikson Developmental Level</p> <ul style="list-style-type: none"> • State which level • Justify & address impact on care 	
<p>Family Concerns & Issues</p>	

Other

X	Safety Risk Factor	Score	Pressure Sore Risk Factor	Score			
	History/Potential for Falls	5	Sensory Perception	1	2	3	4
	High Risk Diagnosis	3					
	Impaired Mobility	3	Moisture	1	2	3	4
	Language Barrier	2					
	Sensory Deficit	2	Activity	1	2	3	4
	Altered Mental Status	1					
	Elimination Problems	1	Mobility	1	2	3	4
	Medication Effect	1					
	> 65, < 6	1	Nutrition	1	2	3	4
	Other						
			Friction & Shear	1	2	3	
	High Fall Risk Assessment Score Score of ≥ 5 is Criteria for High Fall Risk		Braden Risk Assessment Scale				

Prioritized Nursing Diagnosis (Include All Three Aspects, i.e., PES statements)	
1.	
2.	
3.	
Notes	
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