

Student Name: \_\_\_\_\_

AUGUSTA STATE UNIVERSITY

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

Department of Nursing

Functional Patient Care

Assessment Flow Sheet

Sex: M F Age: \_\_\_\_\_

(Short Form)

Physician: \_\_\_\_\_

Code status: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Marital Status: M S W D children \_\_\_\_\_ Do they live at home or locally? \_\_\_\_\_

GENERAL APPEARANCE:

ADMITTING INFORMATION AND DIAGNOSIS

MEDICAL HX: (to include date of onset)

SURGICAL PROCEDURE/DATE:

ALLERGIES: (Describe reaction)

SMOKING \_\_\_\_\_ ETOH HISTORY \_\_\_\_\_

Nutrition/Metabolic Patterns	Skin: (general appearance) _____ Wound: Type _____ Location _____ Appearance _____ Color: normal pale dusky cyanotic jaundiced Other: _____ Surgical: _____ Temp: warm dry cool moist diaphoretic Wt: _____ "DO K"aaaaaaaaaaaa Turgor: supple firm fragile dehydrated Drains: _____ Edema: Y N Location: _____ "I tcf g<"3- .4- .5- .6- NPO: Y N Diet: _____ Appetite _____ Fluid restriction: Y N Amount _____ Nausea/Vomiting: Y N Intervention: _____ Teeth: own some missing toothless Dentures: upper lower partial NG Tube/PEG: (type) _____ Suction Clamped Gravity Enteral feeding: _____ Continuous Bolus (Type/Amt) _____ IV solutions: #1 _____ Rate _____ Site: _____ IV solutions: #1 _____ Rate _____ Redness edema pain no problem IV solutions: #1 _____ Rate _____ Site: _____ IV solutions: #1 _____ Rate _____ Redness edema pain no problem
Health Perception / Health Mgmt. Pattern	High risk for injury: Y N describe _____ Protective device(s): (type) _____ ID Band: Y N Bed in low position: Y N Call light at bedside Y N Isolation: (type) _____
Comfort / Pain Pattern	Discomfort (pain, itching, etc) describe _____ Precipitating factors: _____ Pain: Yes No Scale (1-10) _____ Location/Radiation _____ Onset _____ Intervention(s) _____ Meds: _____
Sleep / Rest Pattern	Sleep: No problem Difficulty falling asleep Interruptions _____ Feels rested after sleeping Yes No What helps you sleep? _____ How much sleep do you believe you should be getting? _____ Meds: _____

Elimination Pattern	Urine: color _____ quantity _____ character: _____ Previous 24 <sup>0</sup> I _____ O _____ (clear, cloudy, other) Today's I _____ O _____ Continent Incontinent Foley/ Suprapubic: Insertion date: _____ size: _____  Bowel Sounds <table style="display: inline-table; border: 1px solid black; margin-right: 10px;"><tr><td style="padding: 2px;">RLQ</td><td style="padding: 2px;">RUQ</td><td style="padding: 2px;">LUQ</td><td style="padding: 2px;">LLQ</td></tr></table> Active Hypoactive Tenderness (quadrant) _____  Abdomen: soft distended Last BM: _____ Hemorrhoids: Y N Stool: (color, consistency, odor) _____ Continent Incontinent Frequency _____ Appliances needed _____ Colostomy/Urostomy/Ileostomy	RLQ	RUQ	LUQ	LLQ																																									
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Coping/Stress/ Tolerance Pattern	Major changes/losses in past year _____ What causes stress: At present time _____ In the past _____ How do you deal with stress? _____ Who do you rely on to help you solve problems? _____ Support system (specify) _____																																													
Activity/Exercise Pattern	Temp _____ oral rectal axillary tympanic P _____ apical peripheral regular irregular R _____ rapid shallow labored Pulse oximeter _____ % O <sub>2</sub> _____ Trach ( type & stoma) _____ B/P: sitting _____ lying _____ standing _____ Heart Sounds: S <sub>1</sub> , S <sub>2</sub> _____ S <sub>3</sub> _____ S <sub>4</sub> _____ Rhythm: regular irregular Lungs: clear bilaterally Adventitious sounds R _____ L _____ Describe _____ ADL Status: Independent Needs Assistance Dependent Dominant Hand: R L Activity: ambulatory ambulatory with assistance with assistive device up in chair bed rest Assistive devices/limitations : _____ Reposition: Q _____ hrs. ROM: Full Limited Absent Active Assistive Passive  Pupils: Equal Round Reactive Light mmR _____ mmL _____  <table style="border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="padding: 2px;">Neurovascular:</td> <td style="border: 1px solid black; width: 20px;">RA</td> <td style="border: 1px solid black; width: 20px;">LA</td> <td style="border: 1px solid black; width: 20px;">RL</td> <td style="border: 1px solid black; width: 20px;">LL</td> </tr> <tr> <td style="padding: 2px;">Pulses + -</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Color <u>N</u> <u>P</u> <u>D</u> <u>Cy</u></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Sensation</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Pain + -</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Temperature <u>N</u> <u>W</u> <u>C</u></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Movement + -</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Capillary refill</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Homan's + -</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table> Dysfunctions: (describe) _____ _____  * <u>N</u> ormal <u>P</u> ale <u>D</u> usky <u>C</u> ynotic <u>W</u> arm <u>C</u> ool	Neurovascular:	RA	LA	RL	LL	Pulses + -					Color <u>N</u> <u>P</u> <u>D</u> <u>Cy</u>					Sensation					Pain + -					Temperature <u>N</u> <u>W</u> <u>C</u>					Movement + -					Capillary refill					Homan's + -				
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Cognitive Perceptual Pattern	Alert & Oriented: person place time situation Speech: clear slurred aphasic does not speak English Other: _____ Intervention: _____ Affect: appropriate inappropriate (Describe)  Impaired Thought Processes: _____ Visual Impairment: none glasses contacts blind R L Hearing Impairment: none HOH deaf R L hearing aid R L Patient Instructions: (subject)  Level of Understanding: verbalizes demonstrated understanding needs reinforcement Follow up Needed: Y N List special tests, procedures, therapies scheduled for clinical days.																																													

List Nursing Diagnosis (Include One Psychosocial Diagnosis)

1 .

2 .

3 .

4 .

Patient Teaching and Discharge Planning Needs: