

## Cardiology patient assessment sheet

Student name .....

Group: .....

Instructor name .....

marks: .....

### **A) - sociodemographic patient data:-**

- Patient name: -
- Patient age: -
- Level of education: -
- Date of admission:-
- gender;-
- occupation:-

### **B) Admission data:-**

- Diagnosis on admission:-
- Complain on admission:-

### **C- Health related data:-**

Data	Yes	No
▪ Past medical history.		
▪ Past surgical history.		
▪ Past family history.		
▪ Medications intake history.		
▪ History of previous hospitalization.		
▪ Previous CCU admission.		
▪ Coronary disease risk factors <ul style="list-style-type: none"><li>- Smoking</li><li>- Hypertension</li><li>- DM</li><li>- High cholesterol level</li><li>- Previous cardiac surgery</li></ul>		

**D- Patient assessment:-**

**1- Pain assessment:-**

- |                          |                      |
|--------------------------|----------------------|
| ▪ Region:                | - Radiation site:    |
| ▪ Quality:               | -Severity:           |
| ▪ Precipitating factors: | -palliative factors; |
| ▪ Time:                  |                      |

**2- General assessment**

<p><b>- Respiration assessment:-</b></p> <table border="0"> <tr> <td><b>Lt Right</b></td> <td></td> <td><b>RT lung</b></td> </tr> <tr> <td>▪ <input type="checkbox"/></td> <td><b>Clear</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>▪ <input type="checkbox"/></td> <td><b>Rales</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>▪ <input type="checkbox"/></td> <td><b>Labored Stridor</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>▪ <input type="checkbox"/></td> <td><b>Rhonchi</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>▪ <input type="checkbox"/></td> <td><b>Wheezes</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>▪ <input type="checkbox"/></td> <td><b>Decreased</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>▪ <input type="checkbox"/></td> <td><b>Agonal</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>▪ <input type="checkbox"/></td> <td><b>Absent</b></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Lt Right</b>		<b>RT lung</b>	▪ <input type="checkbox"/>	<b>Clear</b>	<input type="checkbox"/>	▪ <input type="checkbox"/>	<b>Rales</b>	<input type="checkbox"/>	▪ <input type="checkbox"/>	<b>Labored Stridor</b>	<input type="checkbox"/>	▪ <input type="checkbox"/>	<b>Rhonchi</b>	<input type="checkbox"/>	▪ <input type="checkbox"/>	<b>Wheezes</b>	<input type="checkbox"/>	▪ <input type="checkbox"/>	<b>Decreased</b>	<input type="checkbox"/>	▪ <input type="checkbox"/>	<b>Agonal</b>	<input type="checkbox"/>	▪ <input type="checkbox"/>	<b>Absent</b>	<input type="checkbox"/>	<p><b>- Skin assessment</b></p> <ul style="list-style-type: none"> <li>▪ <b>Warm</b> <input type="checkbox"/></li> <li>▪ <b>Hot</b> <input type="checkbox"/></li> <li>▪ <b>Cool</b> <input type="checkbox"/></li> <li>▪ <b>Dry</b> <input type="checkbox"/></li> <li>▪ <b>Clammy</b> <input type="checkbox"/></li> <li>▪ <b>Diaphoretic</b> <input type="checkbox"/></li> <li>▪ <b>Cyanotic</b> <input type="checkbox"/></li> </ul>
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<p><b>- Pulse</b></p> <ul style="list-style-type: none"> <li>▪ <b>Regular</b> <input type="checkbox"/></li> <li>▪ <b>Irregular</b> <input type="checkbox"/></li> <li>▪ <b>JVD</b> <input type="checkbox"/></li> <li>▪ <b>Peripheral Edema</b> <input type="checkbox"/></li> <li>▪ <b>Cap Refill: seconds.....</b></li> </ul>	<p><b>- GCS</b></p> <ul style="list-style-type: none"> <li>▪ <b>Eyes (4):</b></li> <li>▪ <b>Motor (6):</b></li> <li>▪ <b>Verbal (5):</b></li> <li>▪ <b>TOTAL:</b></li> </ul>																											

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### 3- Hemodynamic assessment:

Data	1 <sup>st</sup> day		2 <sup>nd</sup> day	
	1 <sup>st</sup> hour	2 <sup>nd</sup> hour	1 <sup>st</sup> hour	2 <sup>nd</sup> hour
Temperature				
Pulse				
Respiration				
SBP				
DBP				
MABP				
CVP				
Intake				
Output				
Balance				

### 4- ABG assessment:

Data	1 <sup>st</sup> day		2 <sup>nd</sup> day	
	1 <sup>st</sup> hour	2 <sup>nd</sup> hour	1 <sup>st</sup> hour	2 <sup>nd</sup> hour
PH				
PaO <sub>2</sub>				
Paco <sub>2</sub>				
HCO <sub>3</sub>				
Sao <sub>2</sub>				
interpretation				

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### 5- MV parameter assessment:

Data	1 <sup>st</sup> day		2 <sup>nd</sup> day	
	1 <sup>st</sup> hour	2 <sup>nd</sup> hour	1 <sup>st</sup> hour	2 <sup>nd</sup> hour
<b>Mode</b>				
<b>Total RR</b>				
<b>VT</b>				
<b>PEEP</b>				
<b>Fio2</b>				
<b>PSV</b>				

### 6- Laboratory investigation assessment:

Data	1 <sup>st</sup> day	2 <sup>nd</sup> day
<b>Cardiac enzymes</b> <ul style="list-style-type: none"> <li>- CK</li> <li>- CK MB</li> <li>- CKMM</li> <li>- Troponin</li> </ul>		
<b>Hematology</b> <ul style="list-style-type: none"> <li>- WBCs</li> <li>- RBCs</li> <li>- HB</li> </ul>		
<b>Electrolytes</b> <ul style="list-style-type: none"> <li>- Na</li> <li>- Ca</li> <li>- K</li> </ul>		

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<b>Kidney function test:</b> - Urea - Creatinine		
<b>Coagulation profile;</b> - PT - PTT - INR		
<b>Diagnostic procedure</b> - X-rays - ECG - ECHO		

**Patient medications:**

	dose	route	frequency	action
1-				
2-				
3-				
4-				
5-				
6-				

Nursing care plan:-

a- Nursing diagnosis:

goal:-

Nursing intervention:-

1-

2-

3-

4-

5-

6-

b- Nursing diagnosis:

goal:-

Nursing intervention:-

1-

2-

3-

4-

5-

6-

c- Nursing diagnosis:

goal:-

Nursing intervention:-

1-

2-

3-

4-

## Critical Care & Emergency Department

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5-

6-

d- Nursing diagnosis:

goal:-

Nursing intervention:-

1-

2-

3-

4-

5-

6-

e- Nursing diagnosis:

goal:-

Nursing intervention:-

1-

2-

3-

4-

5-

6-