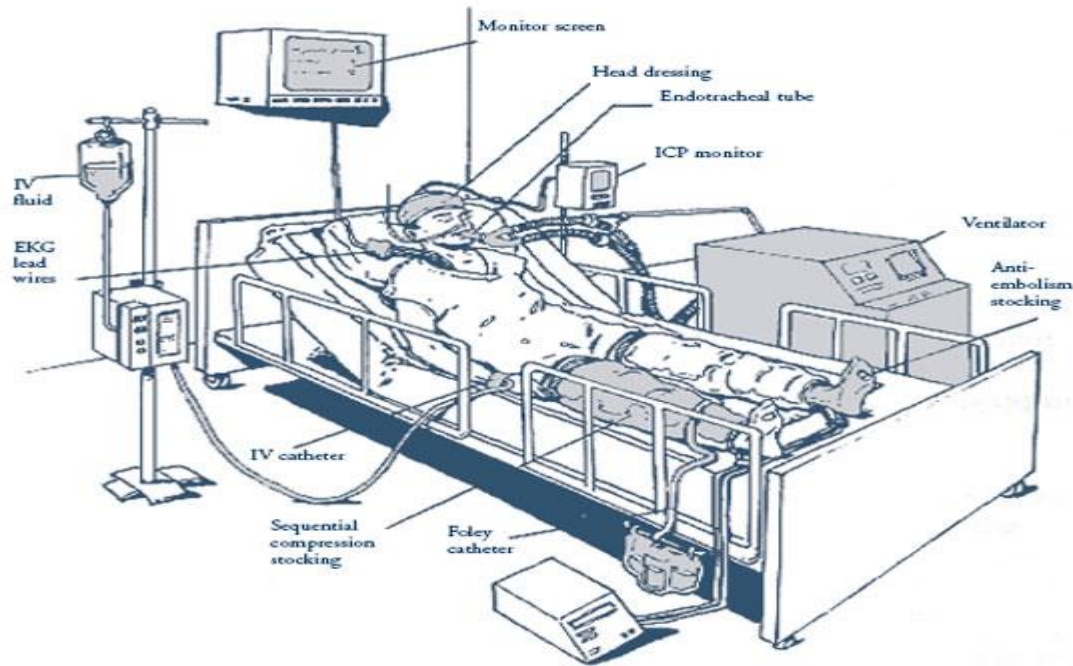


Emergency patient assessment sheet



2018

1ST EDITION

PREPARED BY

CRITICAL CARE AND EMEGANCY NURSING STAFF

MEMBER

SOHAG UNIVERSITY

ICU patient assessment sheet

- Student name
- Instructor name
- Group:
- marks:

Assessment Sheet

Patient name.....	Age :
Date of admission:	sex :
Level of education:	Marital status:

Present History:

- Diagnosis/ Present illness
- Chief complain on admission
- Associated signs & symptoms
- Onset / Duration / Frequency
- Precipitating factors:.....

Past History:

<input type="checkbox"/> Medical:	<input type="checkbox"/> Surgical:
-Diagnosis	
Hospitalization / its reason	Previous surgical intervention: yes () No ()
Length of stay	-Name of surgery

Primary assessment:

▪ Airway patency	Yes () No ()
• Opening airway through :	Head tilt chin left () Jaw thrust maneuver () oral airway () ETT () tracheostomy tube ()
•Abnormal breathing Pattern	Irregular () Labored () Dyspnea () Tachypnea ()

•Using accessory muscles	Nasal flaring () Abdominal muscle () Stern mastoid muscle ()
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Circulation

▪ Pulse	
Site	Radial () Brachial () Apical () Carotid ()
Rhythm	regular () Irregular ()
Volume	Weak () Full ()
Rate b/m	Normal () Tachypnea () Bradypnea ()
Depth	Deep () Shallow ()
Blood pressure	Systolic Diastolic
Capillary refill(second)
Presence of IV access	If Yes () Site No ()

▪ **Disability (AVPU) score:**

- Alert ()
 - Respond to pain ()
 - Respond to voice ()
 - Unresponsive ()
- Pupil : Size Reaction.....

▪ **Pain assessment :**

- **P** (Precipitating, Palliating factors)
- **Q** (Quality)
- **R** Region & Radiation
- **S** (Severity)
- **T** (Time).....

Secondary assessment:

Head	Bleeding () lesions () Bumps () Injury ()
Skin	Red () Pallor () Cyanosis () Jaundiced () Cold () Warm () Edema () Soft () Dry () Skin lesion ()
Eyes pupil	Size..... Shape Equality
Pupillary reflex	Yes () No ()
Nose and sinuses	Epistaxis () Discharges () CSF leakage () Others ()
Tongue	dry () Moist () Pale ()

	Red ()	Others.....
Neck	Stoma () Raised jugular vein () cervical collar ()	Enlarged lymph node () Tenderness () Edema ()
Face	Color () injury ()	Temperature () Others ()
Chest	Equal chest movement () Drainage ()	Injury () Others ()
Abdomen	Distention () Scar ()	Ascites () Bleeding ()
Genital area	Injuries () Swelling ()	Pelvic fracture () Bruising ()
Extremities	Fracture () Limited motion ()	Edema () Deformity ()

Hemodynamic assessment:

V/S	1 st hour	2 nd hour
Temperature		
Pulse		
Respiratory rate		
Systolic BP		
Diastolic BP		
MAP		
CVP		

Neurological assessment:-

GCS (level of consciousness) :-

Item	1 st hour	2 nd hour
1- <u>Eye opening.</u> <ul style="list-style-type: none"> • Spontaneous eye Opening. 4 • To speech and Stimuli.3 • To pain.2 • No response.1 		
2- <u>Verbal response.</u> <ul style="list-style-type: none"> • Oriented.5 • Confused.4 • Inappropriate words.3 • Incomprehensive words.2 		

<ul style="list-style-type: none"> • No response.1 		
3- <u>Motor response.</u> <ul style="list-style-type: none"> • Obey command.6 • Response to painful Stimuli.5 • Withdrawal to pain.4 • Flexion in response To pain.3 • Extension in response To pain.2 • No response.1 		
- Total score 15		

Respiratory assessment:

Cough: Productive () Dry ()

Need for suction:

RR () Secretions () Hypoxemia ()

Method of oxygen therapy:

Name	Purpose	Nursing care
Simple face mask		
Nasal cannula		
T piece with Venturi		
Others		

Items	Parameters	Reading
ABG	PH	
	Pao2	
	Paco2	
	Hco3	
	Sao2	
Interpretation		

Laboratory investigation:-

Test	Date	result
<u>Complete blood picture.</u> <ul style="list-style-type: none"> - WBC - RBC - HB. - Platelet 		
- PT / PPT		

<u>Renal function test</u>		
- Blood creatinine		
- Blood urea.		
- Blood sugar.		
<u>Electrolytes</u>		
- Na		
- K		
- Ca		
<u>Liver function:</u>		
- SGOT		
- SGPT		
- Bilirubin		

Radiological investigation:-

Test	Date
- Brain CT	
- X-Rays	
- MRI	
- Abdominal sonar	
- Others	

Invasive devices

Device	Size	Site / Date of insertion	Nursing care
Oro/ Nasopharyngeal tube			
Endotracheal tube			
Tracheostomy tube			
Arterial line			
CVC			
Peripheral cannula			
Chest tube			
Urinary catheter			

Patient medications:-

Name	Dose	Route	Frequency	Indication

Fluid balance

Enteral		IV infusion	Blood Or product	Others	Total intake	Urine	Drains	Gastric drainage	Total output
Oral	NGT								

Fluid Balance = Total intake – Total output

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-

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-