# CRITICAL CARE NURSING SHEET
# STAFF CRITICAL NURSING &EMERGANCY


## 2015-2016

# Assessment Sheet

## Critical Care

**Date of documentation:**...../...../.....

**Student name:** ……

| | |
|---|---|
| **Patient name:**…….. | **Age:**…… |
| **Hospital number:**…… | **Sex:**…….. |
| **Date of admission:**……. | **Level of education:**……. |
| **Stay period:**……. | **Occupation:**……. |
| | **Marital status:**……. |

## Present History:

-Diagnosis/ Present illness:……

-Chief complaints on admission:……

-Associated signs and symptoms:……

-Onset / Duration / Frequency:……

-Predisposing factors:…….

-Reliving measures and its effect:…….

## Past History:

- **Medical:**

-Diagnosis / Duration:…….

-Diagnosis / Duration:…….

- **Surgical:**

-Name of surgery / Duration:……..

-Name of surgery / Duration:……..

## Allergy History:……...

## Family history:

-Diagnosis / Relation:…….

-Diagnosis / Relation:…….

| | Items | 1st | Related nursing diagnosis |
|---|---|---|---|

| | | | |
|---|---|---|---|
| **Respiratory** | **# Abnormal Pattern:-** | | |
| | -Irregular | | |
| | -Labored | | |
| | -Dyspneic | | |
| | -Tachypneic | | |
| | **# Couch:-** | | |
| | -Productive | | |
| | -Non Productive | | |
| | **# Secretions:-** | | |
| | -Clear | | |
| | -Yellow | | |
| | -Green | | |
| | -Blood-tinged | | |
| | -Thin | | |
| | -Thick | | |
| | **# Need for Suction:-** | | |
| | -Yes | | |
| | -No | | |
| | **# Need for Oxygen Therapy:** | | |
| | -Room air | | |
| | -Nasal cannula | | |
| | -Mask | | |
| | -Non-Rebreather | | |
| | -Endotracheal tube | | |
| | -Tracheostomy | | |
| | **# Chest Tube:** | | |
| **Cardiovascular** | ***Comparative Peripheral Pulse:** | | **Related nursing diagnosis** |
| **Peripheral Pulse scale:-** | Right radial pulse | | |
| Zero: Absent pulse | Left radial pulse | | |
| +1:Thready pulse | Right pedal pulse | | |
| +2:Weak pulse | Left pedal pulse | | |
| +3:Normale pulse | | | |
| +4Boundeng pulse | ***Capillary refill ↑ 3 seconds** | | |
| | Yes | | |
| | No | | |
| | ***Edema:-** | | |
| | **-** Generalized | | |
| | **-**Localized | | |
| **Neurological** | **# Glasgow coma scale:-** | **1st** | **Related nursing diagnosis** |

| | | | |
|---|---|---|---|
| | **Eyes open:** | | |
| | **.**Spontaneously:(4) | | |
| | **.**To speech:(3) | | |
| | **.**To Pain**:**(2) | | |
| | **.**No response:(1) | | |
| | **.**Untestable:(U) | | |

| | **Items** | **1st** | **Related nursing diagnosis** |
|---|---|---|---|
| | **Best verbal:** | | |
| | **.**Oriented:(5) | | |
| | **.**Confused:(4) | | |
| | **.**Inappropriate ward:(3) | | |
| | **.**Incomprehensible sounds:(2) | | |
| | **.**No response:(1) | | |
| | **.**Untestable:(U) | | |
| | **Best motor response:** | | |
| | **.**Obey commands (6) | | |
| | **.**Localized pain (5) | | |
| | **.**Flexion to pain (4) | | |
| | **.**Decorticate (3 | | |
| | **.**Decerbrate (2) | | |
| | **.**No response (1) | | |
| | **.**Untestable (U) | | |
| | **Total score:** | | |
| | **# Pupils Rt / Lt** | | |
| | -Fixed | | |
| | -Pinpoint | | |
| | -Sluggish | | |
| | -Unequal | | |
| | **# Convulsion** | | |
| **Gastrointestinal** | ***Eating abnormalities:-** | | |
| | -Difficulty chewing: | | |
| | -Difficulty swallowing: | | |
| | -Swallowing precaution: | | |
| | ***Tenderness of abdomen** | | |
| | ***Nausea** | | |
| | ***Vomiting:** | | |

| | | | |
|---|---|---|---|
| | ***Bowel Sound:** | **1st** | |
| | -Hypoactive | | |
| | -Hyperactive | | |
| **Integumentry (Skin)** | **# Skin Condition:-** | | |
| | **-**Cold and clammy | | |
| | **-**Hot and dry | | |
| | **# Color:** -Pale | | |
| | -Flushed | | |
| | -Jaundiced | | |
| | -Cyanotic | | |
| | **# Turgor:** -Fair | | |
| | -Sluggish | | |
| | -poor | | |
| | **# Skin Rash** | | |
| **Pressure Ulcer:-** | -Site # 1 …….. | | |
| | -Site # 2 ……... | | |
| | -Site # 3 ……... | | |
| | -Site # 4 ……... | | |

| | **Items** | **1st** | **Related nursing diagnosis** |
|---|---|---|---|
| **Stoma** | ***Specify site:**……. | | |
| | ***Appearance:** | | |
| | -Pink: | | |
| | -Necrotic: | | |
| **Wound** | ***Specify site:**……. | | |
| | ***Wound appearance:-** | | |
| | -Clean closed wound | | |
| | -Clean opened wound | | |
| | -Septic wound | | |
| **Muscloskeletal** | **# Abnormal findings of limbs:-** | | **Related nursing diagnosis** |
| | -Extremity weakness (paresis) | | |

| | | | |
|---|---|---|---|
| | -Unsteady gait | | |
| **Muscloskeletal** | | **1st** | **Related nursing diagnosis** |
| | -Contracture of joint | | |
| | -Paresthesia | | |
| | -Paralysis | | |
| | -Amputee | | |
| | **# Assisstive Device:-** | | |
| | -Wheelchair/walker | | |
| | -Cane/Crutches | | |
| | -Prosthesis | | |
| | **# Traction:-** | | |
| | -Skin traction: | | |
| | -Skeletal Traction | | |
| | **# Cast** | | |
| **Urinary** | ***Abnormal Findings**: | | **Related nursing diagnosis** |
| | -Incontinent | | |
| | -Hematuria | | |
| | -Dysuria | | |
| | -Urgency | | |
| | -Urinary Catheter | | |
| **Psychological** | **# Psychological Abnormal Findings**: | | **Related nursing diagnosis** |
| | **.**Anxious | | |
| | **.**Flat affect | | |
| | **.**Combative | | |
| | **.**Suicide precaution | | |
| **Activities of daily** | ***Feeding** | | **Related nursing diagnosis** |
| -Independent (3) | ***Bathing** | | |
| -Need assistance | ***Dressing** | | |
| -Dependant (1) | ***Toileting** | | |
| | ***Transferring** | | |
| | ***Walking** | | |

## Assessment of Pain:

| Date | Location | Intensity | Frequency | Duration |
|---|---|---|---|---|
| / / | | | | |

## Diagnostic Measures:

## # Lab investigation:

| Lab Investigation | Results | Normal Ranges | Comment |
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## # Radiological examination:

| Type of examination | Results |
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# Nursing Record

**Student name:** **Group No.:** **Code No.:**

| | |
|---|---|
| **Pt name:** | **Medical diagnosis:** |
| **Age:** | **Preoperative:** |
| **Sex:** | **Postoperative:** |
| **Date of admission:** | **Name of surgery:** |
| **Level of consciousness:**<br>▪ **Score:**……<br>▪ **Description:**…… | |

| **Vital signs** | **Time** | **8am** | **9am** | **10am** | **11am** | **12pm** | **1pm** |
|---|---|---|---|---|---|---|---|
| **BP** **Blue** | **T R** / **BP P** | | | | | | |
| | **42** **210** | | | | | | |
| | **41** **200** | | | | | | |
| | **40** **190** | | | | | | |
| | **39** **180** | | | | | | |
| | **38** **170** | | | | | | |
| | **37** **160** | | | | | | |
| **HR** **Green** | **36** **150** | | | | | | |
| | **35** **140** | | | | | | |
| | **34** **130** | | | | | | |
| | **32** **120** | | | | | | |
| | **30** **110** | | | | | | |
| **Temp** **Red** | **28** **100** | | | | | | |
| | **26** **90** | | | | | | |
| | **24** **80** | | | | | | |
| | **22** **70** | | | | | | |
| | **20** **60** | | | | | | |
| | **18** **50** | | | | | | |
| **Resp** **Black** | **16** **40** | | | | | | |
| | **14** **30** | | | | | | |
| | **12** **20** | | | | | | |
| | **10** **10** | | | | | | |
| **CVP** | | | | | | | |
| **Level of mobility** | | ☐ **Ambulated** ☐ **Move with assistance** ☐ **Immobilized** | | | | | |
| **Change position** | | **8am** | **9am** | **10am** | **11am** | **12pm** | **1pm** |
| | | | | | | | |

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|---|---|---|---|---|---|---|
| **Defecation (bowel movement)** | | | | | | |
| **Stool criteria** | ☐ **Formed stool** ☐ **Hard stool** | | | ☐ **Diarrhea** ☐ **Fecal impaction** | | |

| **Physician prescription** | | | | **Time distribution** | | | |
|---|---|---|---|---|---|---|---|
| **Name of Prescribed Drugs** | **Dose** | **Frequency** | **Route** | | | | |
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| **Physician prescription** | | | | **Time distribution** | | | |
|---|---|---|---|---|---|---|---|
| **Name of Prescribed Fluids** | **Dose** | **Frequency** | **Route** | | | | |
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| **Intake** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Time** | **Intravenous Infusions** | | | | | | **NGT** | **Oral** | **Total** | **Cumulative balance** |
| | | | | | | | | | | |
| **8am** | | | | | | | | | | |
| **9am** | | | | | | | | | | |
| **10am** | | | | | | | | | | |
| **11am** | | | | | | | | | | |
| **12pm** | | | | | | | | | | |

| **Output** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Time** | **Urine output** | | | **Drains** | | | **NGT** | **Vomit** | **Total** | **Cumulative balance** |
| | **W.C.** | **Use urinal** | **Cath.** | **1** | **2** | **3** | | | | |
| **8am** | | | | | | | | | | |
| **9am** | | | | | | | | | | |
| **10am** | | | | | | | | | | |

| Nursing | Expected | Implementation | Rationale | Evaluation |
|---|---|---|---|---|

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|---|---|---|---|---|---|---|---|---|---|---|
| **11am** | | | | | | | | | | |
| **12pm** | | | | | | | | | | |

**Fluid Balance Equation:**……..

……..

# Nursing care plan

**Patient's name:**

**Medical diagnosis:**

| Nursing diagnosis | Expected outcomes | Implementation | Rationale | Evaluation |
|---|---|---|---|---|
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**Student name:** **Group No.:**
**Code No.:**

| diagnosis | outcomes | | | |
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# Assessment Sheet

## Critical Care

**Date of documentation:**...../...../.....

**Student name:** ……

| | |
|---|---|
| **Patient name:**…….. | **Age:**…… |
| **Hospital number:**…… | **Sex:**…….. |
| **Date of admission:**……. | **Level of education:**……. |
| **Stay period:**……. | **Occupation:**……. |
| | **Marital status:**……. |

## Present History:

-Diagnosis/ Present illness:……

-Chief complaints on admission:……

-Associated signs and symptoms:……

-Onset / Duration / Frequency:……

-Predisposing factors:……

-Reliving measures and its effect:……

## Past History:

- **Medical:**

-Diagnosis / Duration:……

-Diagnosis / Duration:……

- **Surgical:**

-Name of surgery / Duration:……..

-Name of surgery / Duration:……..

## Allergy History:……...

## Family history:

-Diagnosis / Relation:……

-Diagnosis / Relation:……

| | Items | 1st | Related nursing diagnosis |
|---|---|---|---|

| | | | |
|---|---|---|---|
| **Respiratory** | **# Abnormal Pattern:-** | | |
| | -Irregular | | |
| | -Labored | | |
| | -Dyspneic | | |
| | -Tachypneic | | |
| | **# Couch:-** | | |
| | -Productive | | |
| | -Non Productive | | |
| | **# Secretions:-** | | |
| | -Clear | | |
| | -Yellow | | |
| | -Green | | |
| | -Blood-tinged | | |
| | -Thin | | |
| | -Thick | | |
| | **# Need for Suction:-** | | |
| | -Yes | | |
| | -No | | |
| | **# Need for Oxygen Therapy:** | | |
| | -Room air | | |
| | -Nasal cannula | | |
| | -Mask | | |
| | -Non-Rebreather | | |
| | -Endotracheal tube | | |
| | -Tracheostomy | | |
| | **# Chest Tube:** | | |
| **Cardiovascular** | ***Comparative Peripheral Pulse:** | | **Related nursing diagnosis** |
| **Peripheral Pulse scale:-** | Right radial pulse | | |
| Zero: Absent pulse | Left radial pulse | | |
| +1:Thready pulse | Right pedal pulse | | |
| +2:Weak pulse | Left pedal pulse | | |
| +3:Normale pulse | | | |
| +4Boundeng pulse | ***Capillary refill ↑ 3 seconds** | | |
| | Yes | | |
| | No | | |
| | ***Edema:-** | | |
| | **-** Generalized | | |
| | **-**Localized | | |
| **Neurological** | **# Glasgow coma scale:-** | **1st** | **Related nursing diagnosis** |

| | | | |
|---|---|---|---|
| | **Eyes open:** | | |
| | **.**Spontaneously:(4) | | |
| | **.**To speech:(3) | | |
| | **.**To Pain**:**(2) | | |
| | **.**No response:(1) | | |
| | **.**Untestable:(U) | | |

| | **Items** | **1st** | **Related nursing diagnosis** |
|---|---|---|---|
| | **Best verbal:** | | |
| | **.**Oriented:(5) | | |
| | **.**Confused:(4) | | |
| | **.**Inappropriate ward:(3) | | |
| | **.**Incomprehensible sounds:(2) | | |
| | **.**No response:(1) | | |
| | **.**Untestable:(U) | | |
| | **Best motor response:** | | |
| | **.**Obey commands (6) | | |
| | **.**Localized pain (5) | | |
| | **.**Flexion to pain (4) | | |
| | **.**Decorticate (3 | | |
| | **.**Decerbrate (2) | | |
| | **.**No response (1) | | |
| | **.**Untestable (U) | | |
| | **Total score:** | | |
| | **# Pupils Rt / Lt** | | |
| | -Fixed | | |
| | -Pinpoint | | |
| | -Sluggish | | |
| | -Unequal | | |
| | **# Convulsion** | | |
| **Gastrointestinal** | ***Eating abnormalities:-** | | |
| | -Difficulty chewing: | | |
| | -Difficulty swallowing: | | |
| | -Swallowing precaution: | | |
| | ***Tenderness of abdomen** | | |
| | ***Nausea** | | |
| | ***Vomiting:** | | |

| | | | |
|---|---|---|---|
| | ***Bowel Sound:** | **1st** | |
| | -Hypoactive | | |
| | -Hyperactive | | |
| **Integumentry (Skin)** | **# Skin Condition:-** | | |
| | **-**Cold and clammy | | |
| | **-**Hot and dry | | |
| | **# Color:** -Pale | | |
| | -Flushed | | |
| | -Jaundiced | | |
| | -Cyanotic | | |
| | **# Turgor:** -Fair | | |
| | -Sluggish | | |
| | -poor | | |
| | **# Skin Rash** | | |
| **Pressure Ulcer:-** | -Site # 1 …….. | | |
| | -Site # 2 ……... | | |
| | -Site # 3 ……... | | |
| | -Site # 4 ……... | | |

| | **Items** | **1st** | **Related nursing diagnosis** |
|---|---|---|---|
| **Stoma** | ***Specify site:**……. | | |
| | ***Appearance:** | | |
| | -Pink: | | |
| | -Necrotic: | | |
| **Wound** | ***Specify site:**……. | | |
| | ***Wound appearance:-** | | |
| | -Clean closed wound | | |
| | -Clean opened wound | | |
| | -Septic wound | | |
| **Muscloskeletal** | **# Abnormal findings of limbs:-** | | **Related nursing diagnosis** |
| | -Extremity weakness (paresis) | | |

| | | | |
|---|---|---|---|
| | -Unsteady gait | | |
| **Muscloskeletal** | | **1st** | **Related nursing diagnosis** |
| | -Contracture of joint | | |
| | -Paresthesia | | |
| | -Paralysis | | |
| | -Amputee | | |
| | **# Assisstive Device:-** | | |
| | -Wheelchair/walker | | |
| | -Cane/Crutches | | |
| | -Prosthesis | | |
| | **# Traction:-** | | |
| | -Skin traction: | | |
| | -Skeletal Traction | | |
| | **# Cast** | | |
| **Urinary** | ***Abnormal Findings**: | | **Related nursing diagnosis** |
| | -Incontinent | | |
| | -Hematuria | | |
| | -Dysuria | | |
| | -Urgency | | |
| | -Urinary Catheter | | |
| **Psychological** | **# Psychological Abnormal Findings**: | | **Related nursing diagnosis** |
| | **.**Anxious | | |
| | **.**Flat affect | | |
| | **.**Combative | | |
| | **.**Suicide precaution | | |
| **Activities of daily** | ***Feeding** | | **Related nursing diagnosis** |
| -Independent (3) | ***Bathing** | | |
| -Need assistance | ***Dressing** | | |
| -Dependant (1) | ***Toileting** | | |
| | ***Transferring** | | |
| | ***Walking** | | |

## Assessment of Pain:

| Date | Location | Intensity | Frequency | Duration |
|---|---|---|---|---|
| / / | | | | |

## Diagnostic Measures:

## # Lab investigation:

| Lab Investigation | Results | Normal Ranges | Comment |
|---|---|---|---|
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## # Radiological examination:

| Type of examination | Results |
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# Nursing Record

**Student name:** **Group No.:** **Code No.:**

| | |
|---|---|
| **Pt name:** | **Medical diagnosis:** |
| **Age:** | **Preoperative:** |
| **Sex:** | **Postoperative:** |
| **Date of admission:** | **Name of surgery:** |
| **Level of consciousness:**<br>▪ **Score:**……<br>▪ **Description:**…… | |

| **Vital signs** | **Time** | | **8am** | | | | **9am** | | | | **10am** | | | | **11am** | | | | **12pm** | | | | **1pm** | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **BP** **Blue** | **T R** | **BP P** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **42** | **210** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **41** | **200** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **40** | **190** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **39** | **180** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **38** | **170** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **37** | **160** | | | | | | | | | | | | | | | | | | | | | | | | |
| **HR** **Green** | **36** | **150** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **35** | **140** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **34** | **130** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **32** | **120** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **30** | **110** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temp** **Red** | **28** | **100** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **26** | **90** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **24** | **80** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **22** | **70** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **20** | **60** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **18** | **50** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Resp** **Black** | **16** | **40** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **14** | **30** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **12** | **20** | | | | | | | | | | | | | | | | | | | | | | | | |
| | **10** | **10** | | | | | | | | | | | | | | | | | | | | | | | | |
| **CVP** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Level of mobility** | | | ☐ **Ambulated** ☐ **Move with assistance** ☐ **Immobilized** | | | | | | | | | | | | | | | | | | | | | | | |
| **Change position** | | | **8am** | | | | **9am** | | | | **10am** | | | | **11am** | | | | **12pm** | | | | **1pm** | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| **Defecation (bowel movement)** | | | | | | |
| **Stool criteria** | ☐ **Formed stool** ☐ **Hard stool** ☐ **Diarrhea** ☐ **Fecal impaction** | | | | | |

| **Physician prescription** | | | | **Time distribution** | | | |
|---|---|---|---|---|---|---|---|
| **Name of Prescribed Drugs** | **Dose** | **Frequency** | **Route** | | | | |
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| **Physician prescription** | | | | **Time distribution** | | | |
|---|---|---|---|---|---|---|---|
| **Name of Prescribed Fluids** | **Dose** | **Frequency** | **Route** | | | | |
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| **Intake** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Time** | **Intravenous Infusions** | | | | | | **NGT** | **Oral** | **Total** | **Cumulative balance** |
| | | | | | | | | | | |
| **8am** | | | | | | | | | | |
| **9am** | | | | | | | | | | |
| **10am** | | | | | | | | | | |
| **11am** | | | | | | | | | | |
| **12pm** | | | | | | | | | | |

| **Output** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Time** | **Urine output** | | | **Drains** | | | **NGT** | **Vomit** | **Total** | **Cumulative balance** |
| | **W.C.** | **Use urinal** | **Cath.** | **1** | **2** | **3** | | | | |
| **8am** | | | | | | | | | | |
| **9am** | | | | | | | | | | |

| Nursing | Expected | Implementation | Rationale | Evaluation |
|---|---|---|---|---|

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **10am** | | | | | | | | | | |
| **11am** | | | | | | | | | | |
| **12pm** | | | | | | | | | | |

**Fluid Balance Equation:**……..

……..

# Nursing care plan

**Patient's name:**

**Medical diagnosis:**

| Nursing diagnosis | Expected outcomes | Implementation | Rationale | Evaluation |
|---|---|---|---|---|
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**Student name:** **Group No.:**
**Code No.:**

| diagnosis | outcomes | | | |
|---|---|---|---|---|
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# Assessment Sheet

## Critical Care

**Date of documentation:**...../...../.....

**Student name:** ……

| | |
|---|---|
| **Patient name:**…….. | **Age:**…… |
| **Hospital number:**…… | **Sex:**…….. |
| **Date of admission:**……. | **Level of education:**……. |
| **Stay period:**……. | **Occupation:**……. |
| | **Marital status:**……. |

## Present History:

-Diagnosis/ Present illness:……

-Chief complaints on admission:……

-Associated signs and symptoms:……

-Onset / Duration / Frequency:……

-Predisposing factors:……

-Reliving measures and its effect:……

## Past History:

- **Medical:**

-Diagnosis / Duration:……

-Diagnosis / Duration:……

- **Surgical:**

-Name of surgery / Duration:……..

-Name of surgery / Duration:……..

## Allergy History:……...

## Family history:

-Diagnosis / Relation:……

-Diagnosis / Relation:……

| | Items | 1st | Related nursing diagnosis |
|---|---|---|---|
| **Respiratory** | **# Abnormal Pattern:-** | | |

| | | | |
|---|---|---|---|
| | -Irregular | | |
| | -Labored | | |
| | -Dyspneic | | |
| | -Tachypneic | | |
| | **# Couch:-** | | |
| | -Productive | | |
| | -Non Productive | | |
| | **# Secretions:-** | | |
| | -Clear | | |
| | -Yellow | | |
| | -Green | | |
| | -Blood-tinged | | |
| | -Thin | | |
| | -Thick | | |
| | **# Need for Suction:-** | | |
| | -Yes | | |
| | -No | | |
| | **# Need for Oxygen Therapy:** | | |
| | -Room air | | |
| | -Nasal cannula | | |
| | -Mask | | |
| | -Non-Rebreather | | |
| | -Endotracheal tube | | |
| | -Tracheostomy | | |
| | **# Chest Tube:** | | |
| **Cardiovascular** | ***Comparative Peripheral Pulse:** | | **Related nursing diagnosis** |
| **Peripheral Pulse scale:-** | Right radial pulse | | |
| Zero: Absent pulse | Left radial pulse | | |
| +1:Thready pulse | Right pedal pulse | | |
| +2:Weak pulse | Left pedal pulse | | |
| +3:Normale pulse | | | |
| +4Boundeng pulse | ***Capillary refill ↑ 3 seconds** | | |
| | Yes | | |
| | No | | |
| | ***Edema:-** | | |
| | **-** Generalized | | |
| | **-**Localized | | |
| **Neurological** | **# Glasgow coma scale:-** | **1st** | **Related nursing diagnosis** |
| | **Eyes open:** | | |

| | | | |
|---|---|---|---|
| | .Spontaneously:(4) | | |
| | .To speech:(3) | | |
| | .To Pain:(2) | | |
| | .No response:(1) | | |
| | .Untestable:(U) | | |

| | Items | 1st | Related nursing diagnosis |
|---|---|---|---|
| | **Best verbal:** | | |
| | .Oriented:(5) | | |
| | .Confused:(4) | | |
| | .Inappropriate ward:(3) | | |
| | .Incomprehensible sounds:(2) | | |
| | .No response:(1) | | |
| | .Untestable:(U) | | |
| | **Best motor response:** | | |
| | .Obey commands (6) | | |
| | .Localized pain (5) | | |
| | .Flexion to pain (4) | | |
| | .Decorticate (3 | | |
| | .Decerbrate (2) | | |
| | .No response (1) | | |
| | .Untestable (U) | | |
| | **Total score:** | | |
| | **# Pupils Rt / Lt** | | |
| | -Fixed | | |
| | -Pinpoint | | |
| | -Sluggish | | |
| | -Unequal | | |
| | **# Convulsion** | | |
| **Gastrointestinal** | ***Eating abnormalities:-** | | |
| | -Difficulty chewing: | | |
| | -Difficulty swallowing: | | |
| | -Swallowing precaution: | | |
| | ***Tenderness of abdomen** | | |
| | ***Nausea** | | |
| | ***Vomiting:** | | |
| | ***Bowel Sound:** | **1st** | |

| | | | |
|---|---|---|---|
| | -Hypoactive | | |
| | -Hyperactive | | |
| **Integumentry (Skin)** | **# Skin Condition:-** | | |
| | -Cold and clammy | | |
| | -Hot and dry | | |
| | **# Color:** -Pale | | |
| | -Flushed | | |
| | -Jaundiced | | |
| | -Cyanotic | | |
| | **# Turgor:** -Fair | | |
| | -Sluggish | | |
| | -poor | | |
| | **# Skin Rash** | | |
| **Pressure Ulcer:-** | -Site # 1 …….. | | |
| | -Site # 2 ……... | | |
| | -Site # 3 ……... | | |
| | -Site # 4 ……... | | |

| | **Items** | **1st** | **Related nursing diagnosis** |
|---|---|---|---|
| **Stoma** | ***Specify site:**……. | | |
| | ***Appearance:** | | |
| | -Pink: | | |
| | -Necrotic: | | |
| **Wound** | ***Specify site:**……. | | |
| | ***Wound appearance:-** | | |
| | -Clean closed wound | | |
| | -Clean opened wound | | |
| | -Septic wound | | |
| **Muscloskeletal** | **# Abnormal findings of limbs:-** | | **Related nursing diagnosis** |
| | -Extremity weakness (paresis) | | |
| | -Unsteady gait | | |
| **Muscloskeletal** | | **1st** | **Related nursing diagnosis** |

| | | | |
|---|---|---|---|
| | -Contracture of joint | | |
| | -Paresthesia | | |
| | -Paralysis | | |
| | -Amputee | | |
| | **# Assisstive Device:-** | | |
| | -Wheelchair/walker | | |
| | -Cane/Crutches | | |
| | -Prosthesis | | |
| | **# Traction:-** | | |
| | -Skin traction: | | |
| | -Skeletal Traction | | |
| | **# Cast** | | |
| **Urinary** | ***Abnormal Findings**: | | **Related nursing diagnosis** |
| | -Incontinent | | |
| | -Hematuria | | |
| | -Dysuria | | |
| | -Urgency | | |
| | -Urinary Catheter | | |
| **Psychological** | **# Psychological Abnormal Findings**: | | **Related nursing diagnosis** |
| | **.**Anxious | | |
| | **.**Flat affect | | |
| | **.**Combative | | |
| | **.**Suicide precaution | | |
| **Activities of daily** | ***Feeding** | | **Related nursing diagnosis** |
| -Independent (3) | ***Bathing** | | |
| -Need assistance | ***Dressing** | | |
| -Dependant (1) | ***Toileting** | | |
| | ***Transferring** | | |
| | ***Walking** | | |

## Assessment of Pain:

| Date | Location | Intensity | Frequency | Duration |
|---|---|---|---|---|
| / / | | | | |

## Diagnostic Measures:

## # Lab investigation:

| Lab Investigation | Results | Normal Ranges | Comment |
|---|---|---|---|
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## # Radiological examination:

| Type of examination | Results |
|---|---|
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# Nursing Record

**Student name:** **Group No.:** **Code No.:**

| | |
|---|---|
| **Pt name:** | **Medical diagnosis:** |
| **Age:** | **Preoperative:** |
| **Sex:** | **Postoperative:** |
| **Date of admission:** | **Name of surgery:** |
| **Level of consciousness:**<br>▪ **Score:**……<br>▪ **Description:**…… | |

| **Vital signs** | **Time** | | **8am** | **9am** | **10am** | **11am** | **12pm** | **1pm** |
|---|---|---|---|---|---|---|---|---|
| **BP** **Blue** | **T R** | **BP P** | | | | | | |
| | **42** | **210** | | | | | | |
| | **41** | **200** | | | | | | |
| | **40** | **190** | | | | | | |
| | **39** | **180** | | | | | | |
| | **38** | **170** | | | | | | |
| | **37** | **160** | | | | | | |
| **HR** **Green** | **36** | **150** | | | | | | |
| | **35** | **140** | | | | | | |
| | **34** | **130** | | | | | | |
| | **32** | **120** | | | | | | |
| | **30** | **110** | | | | | | |
| **Temp** **Red** | **28** | **100** | | | | | | |
| | **26** | **90** | | | | | | |
| | **24** | **80** | | | | | | |
| | **22** | **70** | | | | | | |
| | **20** | **60** | | | | | | |
| | **18** | **50** | | | | | | |
| **Resp** **Black** | **16** | **40** | | | | | | |
| | **14** | **30** | | | | | | |
| | **12** | **20** | | | | | | |
| | **10** | **10** | | | | | | |
| **CVP** | | | | | | | | |
| **Level of mobility** | | | ☐ **Ambulated** | ☐ **Move with assistance** | | ☐ **Immobilized** | | |
| **Change position** | | | **8am** | **9am** | **10am** | **11am** | **12pm** | **1pm** |
| | | | | | | | | |
| **Defecation (bowel movement)** | | | | | | | | |

| Stool criteria | ☐ Formed stool ☐ Diarrhea ☐ Hard stool ☐ Fecal impaction |
|---|---|

| Physician prescription | | | | Time distribution | | | |
|---|---|---|---|---|---|---|---|
| Name of Prescribed Drugs | Dose | Frequency | Route | | | | |
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| Physician prescription | | | | Time distribution | | | |
|---|---|---|---|---|---|---|---|
| Name of Prescribed Fluids | Dose | Frequency | Route | | | | |
| | | | | | | | |
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| Intake | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Time | Intravenous Infusions | | | | | | NGT | Oral | Total | Cumulative balance |
| | | | | | | | | | | |
| 8am | | | | | | | | | | |
| 9am | | | | | | | | | | |
| 10am | | | | | | | | | | |
| 11am | | | | | | | | | | |
| 12pm | | | | | | | | | | |

| Output | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Time | Urine output | | | Drains | | | NGT | Vomit | Total | Cumulative balance |
| | W.C. | Use urinal | Cath. | 1 | 2 | 3 | | | | |
| 8am | | | | | | | | | | |
| 9am | | | | | | | | | | |
| 10am | | | | | | | | | | |
| 11am | | | | | | | | | | |
| 12pm | | | | | | | | | | |

**Fluid Balance Equation:**……..

……..

# Nursing care plan

**Patient's name:**

**Medical diagnosis:**

| Nursing diagnosis | Expected outcomes | Implementation | Rationale | Evaluation |
|---|---|---|---|---|
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**Student name:** **Group No.:**
**Code No.:**

| Nursing diagnosis | Expected outcomes | Implementation | Rationale | Evaluation |
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