

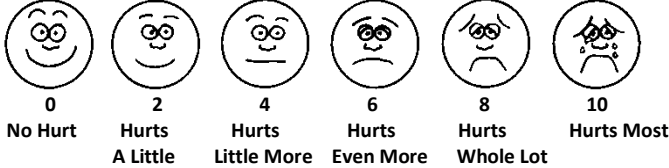
Patient Name	Date	Time in	Time Out	Total Hours
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## VITAL SIGNS

Time	Temperature <input type="checkbox"/> Oral <input type="checkbox"/> Axillary <input type="checkbox"/> Other	Pulse <input type="checkbox"/> Apical <input type="checkbox"/> Radial	Respiration	Blood Pressure <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Sitting <input type="checkbox"/> Lying	Oxygen Saturation	Pain Intensity

## PAIN ASSESSMENT

Wong-Baker FACES Pain Rating Scale ©



Location: \_\_\_\_\_ Current Pain Regime: \_\_\_\_\_

Is pain regime effective: ☐ Yes ☐ NO

Comment: \_\_\_\_\_

## NUTRITION ASSESSMENT

Diet: ☐ NPO ☐ Regular ☐ Restricted/Type: \_\_\_\_\_  
☐ Breast ☐ Formula-Type: \_\_\_\_\_ Other: \_\_\_\_\_

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Nutritional Risk Screening: ☐ LOW ☐ MED ☐ HIGHAppetite: ☐ Good ☐ Fair ☐ Poor

Food Allergy: \_\_\_\_\_

Blood Sugar: \_\_\_\_\_ ☐ N/A☐ Patient/Caregiver independent in diabetes management

Comment: \_\_\_\_\_

## NEUROLOGICAL

☐ Verbal ☐ Nonverbal ☐ Oriented Alert ☐ Agitated ☐ Confused  
☐ Lethargic ☐ Sedated ☐ Comatose ☐ Semi-ComatoseAppropriate for age: ☐ Yes ☐ NotTone: ☐ Active ☐ Flaccid ☐ Jittery ☐ RigidFontanel: ☐ Flat ☐ Soft ☐ Sunken ☐ Tense ☐ Bulging ☐ N/ASeizure Activity: ☐ N/A ☐ No ☐ Yes ☐ If yes, see seizure recordMoves extremities: ☐ Upper Right ☐ Upper Left  
☐ Lower Right ☐ Lower Left

Comment: \_\_\_\_\_

## CARDIOVASCULAR

Heart Tones: ☐ Strong ☐ Regular ☐ Irregular ☐ Murmur  
☐ Other: \_\_\_\_\_Skin: ☐ Pink ☐ Flushed ☐ Pale ☐ Cyanotic ☐ Other: \_\_\_\_\_Skin Temp: ☐ Warm ☐ Cool ☐ Cold ☐ Other: \_\_\_\_\_Capillary Refill: ☐ Less than seconds ☐ Greater than 3 seconds  
☐ Other: \_\_\_\_\_Peripheral Pulses: ☐ Strong ☐ Weak ☐ Absent ☐ Other: \_\_\_\_\_

Comment: \_\_\_\_\_

## RESPIRATORY

☐ Regular ☐ Labored ☐ Shallow ☐ Grunting ☐ Panting ☐ Nasal flaring  
☐ Deep ☐ RetractionsBreathing Sounds: ☐ Clear ☐ Rhonchus ☐ Diminished  
☐ Wheeze If not clear indicate where: \_\_\_\_\_Cough: ☐ None ☐ Productive ☐ Non productiveSecretions: ☐ N/AAmount: ☐ Small ☐ Moderate ☐ LargeConsistency: ☐ Thin ☐ Thick ☐ Tenacious ☐ FrothyColor: ☐ Clear ☐ White ☐ Yellow ☐ Green ☐ Blood tingedApnea Monitor: ☐ N/A Alarm setting: High \_\_\_\_\_ Low \_\_\_\_\_Pulse Oximetry: ☐ Continuous ☐ IntermittentOxygen: \_\_\_\_\_ L/min Via: ☐ NC ☐ Mask ☐ Trach ☐ Intermittent  
☐ Continuous ☐ Other: \_\_\_\_\_

## RESPIRATORY CARE

Tracheostomy Type: \_\_\_\_\_ Size: \_\_\_\_\_  
☐ Cuffed ☐ Uncuffed Date last changed: \_\_\_\_\_Trach. Care: ☐ ½ strength H<sub>2</sub>O<sub>2</sub> + H<sub>2</sub>O ☐ Warm soapy H<sub>2</sub>OTechnique: ☐ Clean/Aseptic ☐ Sterile ☐ Trach ties changedTrach. Ties Changed: \_\_\_\_\_ (date) ☐ Clean ☐ Sterile methodTrach. Site: ☐ Dry ☐ Intact ☐ Redness ☐ Excoriation ☐ DrainageIntervention: ☐ MD Notified ☐ RN Notified ☐ Other: \_\_\_\_\_

## VENTILATOR

☐ N/A Hours/d on ventilator: \_\_\_\_\_Type: \_\_\_\_\_ Rate: \_\_\_\_\_ ☐ CPAP: Rate \_\_\_\_\_

TV: \_\_\_\_\_ PEEP: \_\_\_\_\_ PIP: \_\_\_\_\_

Alarm Checked-Audible/ Set at: \_\_\_\_\_ High \_\_\_\_\_ Low \_\_\_\_\_

Comment: \_\_\_\_\_

## MUSCULO-SKELETAL

ROM: ☐ ROM ☐ Limited ROM ☐ Contractures \_\_\_\_\_Muscles: ☐ Normal ☐ Rigid ☐ Hypertonic ☐ Hypotonic ☐ WeaknessAmbulation: ☐ Independent ☐ With Assist ☐ Immobile☐ Reposition q2 hours ☐ Passive ROM ☐ Active ROM

Assistive Equipment: \_\_\_\_\_

Comment: \_\_\_\_\_

## HEAD (Circle R for RIGHT and L for LEFT)

Face: ☐ Symmetrical ☐ AsymmetricalEars: ☐ Unremarkable ☐ Low R L ☐ Other: \_\_\_\_\_Eyes: Cornea: ☐ Clear R L ☐ Opaque R LSclera: ☐ White R L ☐ Jaundiced R L☐ Hemorrhage R LNose: ☐ Patent ☐ Congested ☐ Bleeding ☐ Other: \_\_\_\_\_Pharyngeal: ☐ Unremarkable ☐ Sore throat ☐ Hoarseness

Comment: \_\_\_\_\_

## GASTROINTESTINAL

Abdomen: ☐ Soft ☐ Tense ☐ Flat ☐ DistendedBowel Sounds: ☐ Present ☐ Hyper ☐ Hypo ☐ AbsentFeeding Tube: ☐ N/A ☐ NG ☐ J Tube ☐ G Tube ☐ Mickey ButtonFeeding Tube Care: ☐ ½ strength H<sub>2</sub>O<sub>2</sub> + H<sub>2</sub>O ☐ NS☐ Other: \_\_\_\_\_ Tube size: \_\_\_\_\_

Flushes: Solution \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

GT Site: ☐ Dry ☐ Intact ☐ Redness ☐ Excoriation

## GENITO-URINARY

☐ Unremarkable ☐ Discharge ☐ CircumcisedUrine Color: ☐ Clear ☐ Yellow ☐ Cloudy ☐ HematuriaBladder Frequency: \_\_\_\_\_ ☐ Urgency ☐ Burning ☐ Diaper☐ Foley Cath ☐ Suprapubic ☐ Intermittent☐ Continent ☐ Incontinent Last void: \_\_\_\_\_

Comment: \_\_\_\_\_

## INTRAVENOUS

Access: ☐ N/S ☐ Peripheral ☐ CVL ☐ PICC ☐ Port☐ Other: \_\_\_\_\_ Location: \_\_\_\_\_

Solution Admin \_\_\_\_\_ @ \_\_\_\_\_ ml/hr

\_\_\_\_\_ @ \_\_\_\_\_ ml/hr

Date to change Dressing: \_\_\_\_\_

Site Condition: ☐ Intact ☐ Without Redness or SwellingDressing changed using: ☐ Sterile ☐ Aseptic technique ☐ Transparent☐ Bag Changed ☐ Tubing Changed ☐ Cap Changed

Date to change Peripheral IV: \_\_\_\_\_ Flushed with \_\_\_\_\_

Comment: \_\_\_\_\_

[illegible]

**Nursing Notes:**

[illegible]

**Patient left in care of:** \_\_\_\_\_  
(RN/LPN/LVN)

**Nurse Name and signature with credentials/ date**

Patient/Family/Caregiver Signature