

BASELINE Nursing Assessment

 Date 3-21-2011

 Time of Assessment 0745

NEURO	Mentation/LOC	Oriented to: ☒ Person ☐ Place ☐ Time ☒ Situation/Event ☒ Alert ☐ Sedated ☐ Restless ☐ Sleepy/arousable ☐ Lethargic ☐ Unresponsive ☐ Responds only to pain ☐ Agitated ☐ Confused ☐ Combative ☐ Hallucinating ☐ Other ☒ Pain Level 0 (none) to 10 (maximum)						
SKIN	Skin Integrity	☒ Intact ☐ Ulcer/Purpura/Skin tears/Locations: _____						
	Wound/Abrasion	Drainage: ☐ None ☐ Other _____ Size: _____ Depth/Stage: _____						
	Surgical incision/Site	Drainage: ☒ None ☐ Other _____ Dressing: ☐ Clean ☐ Dry ☐ Intact						
	Other:	☒ Air mattress ☐ Specialty bed ☐ Other _____						
CARDIAC	Equipment	☒ None +1/+2/+3/+4 ☐ Location _____						
	Edema	☒ Strong ☐ Faint ☐ Absent CMS: ☐ WNL ☐ Other: <u>Pedal Pulses +1</u>						
	Arterial Pulses/CMS	☒ Warm ☐ Cool ☐ Dry ☐ Clammy ☐ Moist ☐ Diaphoretic						
	Skin Temperature	☒ Pink/Natural ☐ Flushed ☐ Pale ☐ Jaundiced ☐ Mottled ☐ Cyanotic						
	Skin Color	☒ Normal (1-2 seconds) ☐ Delayed (>3 seconds)						
	Capillary Refill	☒ Regular ☐ Irregular						
RESP	Rhythm/Heart Sounds	☒ No distress ☐ SOB ☐ Shallow ☐ Labored						
	Respirations	☐ Clear ☒ Crackles ☐ Fine ☐ Coarse ☐ Wheezes: Insp./Exp. ☐ Diminished						
	Breath Sounds	☐ Absent ☐ Productive ☐ Non-productive ☒ Weak ☐ Moderate ☐ Strong						
	Cough	Color: <u>Clear</u> Consistency: ☐ Thin ☐ Thick ☐ Suctioned:						
	Sputum/Secretions	☒ None ☐ S ☐ TCOB ☐ IPPB ☐ Neb/MDI ☐ Other						
	Respiratory Rx	☐ None ☐ O2 @ <u>2</u> L/min ☐ FiO2 _____ %per <u>Nasal Cannula</u> ☐ BPAP/CPAP						
	O2 Therapy	☐ None ☐ Intermittent ☒ Continuous Probe Location: <u>R Index</u>						
	Oximetry	☒ N.A. Waterseal/ _____ cm suction Drainage: ☐ Air leak						
GI	Chest Tube	☐ NPO ☐ Reg ☐ CL ☐ ADA ☐ Other ☐ Aspiration Precautions						
	Diet	Appetite: ☐ Good ☐ Fair ☒ Poor ☐ Nausea ☐ Emesis <u>Refused</u>						
	Appetite	☒ N.A. ☐ NG/NJ @ _____ GT @ _____ ☐ Clamped ☐ Int. Suction ☐ Cont. Suction						
	NG Tube	☐ Other ☐ T.F. ☐ Gravity ☐ Bag/Btl. change						
	Feeding Tube	☐ Soft ☐ Firm ☒ Hard ☐ Distended ☐ Guarded Girth: _____ cm <u>See Notes</u>						
	Abdomen	☐ Normal ☐ Hyperactive ☒ Hypoactive ☐ Absent ☐ Flatus <u>See Notes</u>						
GU	Bowel Sounds	☒ None ☐ Formed ☐ Soft ☐ Liquid Color: _____						
	Stool	☐ Continent ☐ Incontinent ☐ Condom Cath ☐ Foley ☐ Straight Cath _____						
	Urine	Color: <u>Amber</u> Character: <u>Clear</u> ☐ Bladder Scan						
ACTIVITY	Discharge	☒ None ☐ Menses ☐ Other _____						
	Drains	☒ None ☐ _____ Drainage: _____ ☐ V.A.C. _____ Setting: _____ mm Hg ☐ Cont. ☐ Int. ☐ V.A.C. Dressing change _____ ☐ Canister change						
	Traction	☒ N/A ☐ Skeletal/Skin Site: _____ # of pounds _____ ☐ Bath: Complete ☒ Partial ☐ Shower ☒ Oral Care ☐ Pericare ☐ Back Care ☐ Hair Wash ☐ Other: _____ ☐ Self ☐ Assist ☐ Total ☒ TEDS <u>Race</u> off x <u>30 min</u> ☐ SCD _____ off x _____						
	Hygiene	☒ Bedrest ☐ HOB @ _____ degrees Turned x _____ Dangled x _____ ☐ BRP ☐ Commode ☐ Chair x ☐ Amb.x ☐ Indep. ☐ With assist						
SAFETY	Activity	☐ Low ☐ High (For details see Fall Risk Assessment)						
	Fall Risk	☒ Call Light in reach/pt. able to use ☒ Bed low/brakes on # of siderails up: <u>2</u> ☐ Seizure Precautions ☐ Overbed Frame: ☐ Safety ☒ complete ☒ ID Band on ☒ Allergy Band on/ ☐ N.A. Other: _____						
LINES	Patient Safety Needs							
	Invasive Lines	☐ None ☒ Pump x <u>1</u> ☒ Peripheral <u>Tetacum</u> ☐ Peripheral <u>#20</u> ☐ Central ☐ PICC		Size/Size/Type	Size Inspection Description	Flush	Site Care	Tbg △
				☒ WNL ☐ <u>WNL</u>				
				☐ WNL ☐ _____ ☐ WNL ☐ _____ ☐ WNL ☐ _____				
ISO	Isolation Precautions	☐ Std ☐ Contact ☐ Airborne ☐ Special Resp ☐ Neg. pressure monitor ☒ complete ☐ Droplet ☐ Neutropenic ☐ Time Initiated/Discontinued: _____						
Nurse <u>McKamaleki RN</u>		Nurse <u>Tisha Jones LVN</u>		HCA/NA <u>Sarah Decker CNA</u>				

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Xiang Xie



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