## BASELINE NURSING ASSESSMENT

3-21-2011

NEURO	Mentation/LOC	Oriented to: Oriented to: Person Place Time Stuation/Event Alert Sedated Restless Sleepy/arousable Lethangic Unresponsive Responds only to pain Agitated Confused Combative Hallucinating Other Pain Level 0 (none) to 10 (maximum)
SKIN	Skin Integrity	Intact O Ulceri/Purpura/Skin tears/Locations
		None Location: Size: Depth/Stage
	Wound/Abrasion	Orainage: None Other Drsg
	Surgical incision/Site	№ None Location: □Clean □Dry □Intact Drainage: □Cressing
	Other:	DENone Location: DEAr mattress Specially bed Street
	Equipment	
CARDIAC	Edema	SNone +1/+2/+3/+4 □ Location
	Arterial Pulses/CMS	Strong   Faint   Absent CMS:   WNL   Other: Podal Pulses +1
	Skin Temperature	Warm □Cool □Dry □Clarreny □ Moist □Diaphoretic
	Skin Color	MPinkNatural   Flushed   Pale   Jaundiced   Mottled   Cyanotic
	Capillary Refill	■ Normal (1-2 seconds) □ Delayed (>3 seconds)
		■Regular □ Irregular
	Rhythm/Heart Sounds	
RESP	Respirations	■No distress SOB Shallow Labored
	Breath Sounds	Clear Crackles Fine Coarse Wheezes: Insp./Exp. Diminished
	Cough	Absent Productive Non-productive Weak Moderate Strong
	Sputum/Secretions	Color: @leas Consistency:   Thin   Thick   Suctioned:
	Respiratory Rx	Mone S TCDB IPPB Neb/MDI Other
	O2 Therapy	None 02 6 2 Umin FiO2 16per Month Commonder BIPAP/CPAP
	Oximetry	□None □Intermittent ☑ Continuous Probe Location <u>2 Peder</u>
	Chest Tube	■N.A. Waterseal/ om suction Drainage:
GI	Diet	□NPO □Reg □CL □ADA □Other □Aspiration Precautions
	Appetite	Appetite: Good Fair Di Poor Nausea Emesis Refescel
	NG Tube	IEN.A. □NG/NJ € □ GT € □ Clamped □Int Suction □ Cont. Suction
	Feeding Tube	Other D.F. Gravity Bag/Bil change
	Abdomen *	□Soft □Firm □Hard SiDistended □Guarded Girth: cm Sec Nacco
	Bowel Sounds *	□Normal □Hyperactive Si Hypoactive □Absent □Flatus See Mates
	Stool	Mone   Formed   Soft   Liquid Color:
	86001	□Continent □Incontinent □Condom Cath □Foley □Straight Cath
GU	Urine	
	Discharge	Color: Author Character: Closs  Bladder Scan  Character: Closs Character:
	Crischarge	
ACTIVITY	Drains	None         □         Drainage:           □V.A.C.         Setting         mm Hg         □ Cont.         □ Int.
	× 500,000	□VA.C. Dressing change □ □ Canister change
	Traction	ISON/A ☐ Skeletal/Skin Site: # of pounds
		BBath: Complete Partial ☐ Shower ☐ Oral Care ☐ Pericare ☐ Back Care ☐ Hair Wash
	Hygiene	Other: Self Assist Total
		TEDS Trees off x 30 once  SCD off x
		Bedrest □HO8 © degrees Turned x Dangled x
	Activity	□BRP □ Commode □ Chair x □ Amb.x □ Indep. □ With assist
	Fall Risk	□Low□High (For details see Fall Risk Assessment)
		Call Light in reach/pt. able to use Bed low/brakes on # of siderails up:
	Patient Safety Needs	☐ Seizure Precautions ☐ Overbed Frame: ☐ Safety  ✓ complete
		III D Band on III Allergy Band on/ □ N.A. Other:
LINES	Invasive Lines	□None Size/Site/Type Size Inspection Description Flush Site Tbg Care △
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# **Admission Charting For Nurses**

Shasha Hu

**Admission Charting For Nurses:** 

## Decoding Admission Charting For Nurses: Revealing the Captivating Potential of Verbal Expression

In a period characterized by interconnectedness and an insatiable thirst for knowledge, the captivating potential of verbal expression has emerged as a formidable force. Its capability to evoke sentiments, stimulate introspection, and incite profound transformations is genuinely awe-inspiring. Within the pages of "**Admission Charting For Nurses**," a mesmerizing literary creation penned with a celebrated wordsmith, readers embark on an enlightening odyssey, unraveling the intricate significance of language and its enduring impact on our lives. In this appraisal, we shall explore the book is central themes, evaluate its distinctive writing style, and gauge its pervasive influence on the hearts and minds of its readership.

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