

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	☒ None Location: _____ Size: _____ Depth/Stage: _____ Drainage: ☐ None ☐ Other ☐ Drsg					
	Surgical incision/Site	☒ None Location: _____ ☐ Clean ☐ Dry ☐ Intact Drainage: _____ Dressing: _____					
	Other:	☒ None Location: _____ ☒ 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					
	Hygiene	☐ 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					
SAFETY	Activity	☒ Bedrest ☐ HOB @ _____ degrees Turned x _____ Dangled x _____ ☐ BRP ☐ Commode ☐ Chair x ☐ Amb.x ☐ Indep. ☐ With assist					
	Fall Risk	☐ Low ☐ High (For details see Fall Risk Assessment)					
LINES	Patient Safety Needs	☒ 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:					
	Invasive Lines	☐ None ☐ Pump x <u>1</u> Size/Size/Type <u>L</u> Size Inspection Description <u>WNL</u> Flush Site Care Tbg <u>Δ</u> ☒ Peripheral <u>Tetacum</u> ☐ WNL ☐ <u>WNL</u> ☐ Peripheral <u>#20</u> ☐ WNL ☐ ☐ Central ☐ WNL ☐ ☐ PICC ☐ WNL ☐					
	ISO	☐ 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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Lorene Payne



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