

COMMUNITY COLLEGE OF RHODE ISLAND
ADNU 2050 PRELIMINARY DATA SHEET FOR CLINICAL ASSESSMENT

Student _____ Child's initials _____ Date(s) of care for child _____ Room # _____ Age _____ Date admitted _____

Reason for admission _____ Admitting medical diagnosis _____

Lives with : (family constellation) _____ Pets _____ School / Program / Daycare attended _____

Past Health / Medical history _____ Concurrent Medical Diagnosis _____

Medications taken daily at home & reasons _____

Allergies: Medication _____ Food _____ Environmental _____

Previous hospitalizations? When _____ Reason _____ Previous surgeries (Type and dates) _____

Immunizations UTD? Yes _____ No _____ (If not UTD explain) _____ Community support / Resources involved _____

At Present: Weight kg _____ lbs _____ Wt %ile _____ Height cm _____ in _____ Ht %ile _____ If <18 mo HC _____ HC %ile _____

Expected VS range for this age: HR _____ RR _____ BP _____ Minimum output: mL/ hr _____ mL/ 24 hr _____

Dly fluid reqt: _____ mL Hourly fluid reqt _____ IV : Solution _____ Rate _____ Reason for IV _____

Dly caloric reqt: _____ Diet _____ Specific nutritional needs _____ Intake last 24 hrs _____ Output last 24 hrs _____

If infant: Birth history: Birth wt _____ Gestational age _____ Apgar: 1 _____ 5 _____ Type of delivery? _____ Prenatal care? _____

Complications: of pregnancy _____ of delivery _____ Infant home with mother? _____ SCN (NICU) Y/N If Y how long? _____

Developmental assessment: Erikson's stage _____ Developmental task _____ vs _____

Play-for this age child: Social character _____ Content _____ Most prevalent type play / diversion _____

Appropriate play/diversion for this age child during hospitalization _____

Safety issues: /concerns for this age child during hospitalization _____

Family: Coping mechanisms _____ Effective ? Y / N If No, identify nursing interventions to enhance this

family's coping _____ This family's support system : Who/What is available to support and help

this family? Extended family, neighbors, church, work friends, support groups etc. _____

<u>Focused Assessment</u> – Include Growth, development and play issues	<u>Planned nursing actions</u> – Include Growth, development and play issues
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Planned nursing care * Indicate priorities

Time						
Nursing Actions						

Anticipated Learning Needs / Patient & Family Education: * Include all family supports, resources and needs

*Explain what will be taught, who will teach it, when, where and how.

Child's initials _____ Wt _____ Kg Age _____ Diagnosis _____ Allergies _____

Medication Include Generic name	Dose ordered Include SDR calculations	Time	Route	Therapeutic category Mechanism of action	Reason given to this child	Major side effects	Nursing Measures Special considerations

DIAGNOSTIC TESTS / CONSULTS

Diagnostic Test	Date	Normal	Child's results	Significance

Consultations: (List type, date and results if available)

Summarize child's hospitalization from the time of admission until the present