

COMMUNITY COLLEGE OF RHODE ISLAND
Nursing Program

NURSING STUDENT REPORT
For
KENT COUNTY MEMORIAL HOSPITAL
MEDICAL-SURGICAL PATIENT

PATIENT NAME: _____ **ROOM #** _____

VITAL SIGNS: Time: _____ T _____ °C R _____ P _____ B/P _____ / _____ Pulse Ox _____ O2 @ _____ L via _____
Time: _____ T _____ °C R _____ P _____ B/P _____ / _____ Pulse Ox _____ O2 @ _____ L via _____

DIRECTIONS: FOR ALL CATEGORIES (**in bold**), CIRCLE/COMPLETE ALL THAT APPLIES.

DAILY PATIENT DOCUMENTATION - RN ASSESSMENT

EENT: WNL C/O _____ Intervention/s: _____

Outcome: _____

Neuro: WNL C/O _____ Intervention/s: _____

Outcome: _____

Resp: WNL C/O _____ Intervention/s: _____

Cough and deep breathe _____ Outcome _____

Breath sounds: Clear Variances _____ Location _____

Circulatory: WNL Variances _____ Intervention/s: _____

Outcome _____

Digestive: WNL Variances _____ Intervention/s: _____

Outcome _____

Abdomen: soft softly distended distended firm nontender tender

Bowel Sounds: Present in 4 quads Variances _____ Location _____

Musculoskel: WNL Variances _____ Intervention/s: _____

Pain: Level: _____ Location: _____

Description: 1= sharp 2=dull 3= burning 4= stabbing 5=other (describe) _____

Intervention/s: _____ Reassessment: _____

Psychosocial: WNL Variances _____ Intervention/s: _____

Mental Status: WNL (please complete each of the following assessment and score 1 pt each)

correct birthdate _____ current month _____ current year _____

current President _____ correct location _____ (use of) call light _____ **Total Score** _____

Sleep: amount _____ hrs _____ mins. usual unusual insomnia other _____

Intervention/s: _____

Skin: WNL color _____ variance _____ Location _____

Temp: warm cool moist diaphoretic Location _____

Pressure ulcer risk: _____

Fall Risk: None Risk _____

Patient Involvement : Participates in Care Does not participate in Care

Explain: _____

Family Involvement: Participates in Care Does not participate in Care

Explain: _____

PATIENT ACTIVITY

Bed Position: HOB Up (degrees) Knees gatched Flat Other _____

Side Rails: # of rail ↑ _____ Padded: yes no Pt calls for assistance consistently _____

Patient Accessories: Teds Aces SCD's Other: _____

Diet: Type _____ % eaten _____ need for supplements _____ type _____

ADL'S: 0= dependent 1=max assist 2= mod assist 3=min assist 4=CO needed 5= independent

Ambulation devices: none type _____

Range of motion: WNL variances: upper left _____ upper right _____ lower left _____ lower right _____

Precautions: _____

Diagnostic Test/s: _____

Specimens: _____

Activity/Mobility: Independent ADL's Turn, C&DB w/assist Turn, C&DB self Ambulation encouraged
OOB w/assist OOB ad lib Strict I/O Strict BR BR with BRP

POST-SURGICAL ASSESSMENT

Drains: Type/Location _____ Drainage Amt. _____ Description _____

I/O: **IV:** None Location: _____ Type: _____

Site assessment: _____ Dsg: _____

Infiltration Rx: _____ IV flushed with: _____

Removed @ _____ Reason: _____

Foley: Draining QS Urine Color: _____ Amount: _____

DVT assessment: negative Homan's sign Pedal pulses: present absent other: _____

Signature _____ Date _____