

**COMMUNITY COLLEGE OF RHODE ISLAND
NURSING PROGRAM
PRELIMINARY DATA SHEET FOR CLINICAL ASSIGNMENTS**

Student: _____ Date: _____

Room # _____ Patient (initials) _____ Age _____ Marital Status _____ Residence: Home _____ Other (specify) _____

Reason for Admission: _____ Date of Admission: _____

Medical Diagnoses: (definitions of each to be attached to this sheet) _____

Surgery: (definition to be attached to this sheet) _____ Date of Surgery: _____

Concurrent Medical Problems: _____

Allergies: _____ Code Status: _____

NURSING CARE:

Diet (purpose) _____

IV (purpose, solution, rate) _____

I & O: yes no VS (how often) _____ Activity Order: _____

Additional Nursing Actions (wound care, foley care, O₂ therapy, safety precautions, etc.) _____

Medications: (attach medication sheet)

Diagnostic Tests/Consults: (attach diagnostic tests sheet)

FOCUSED ASSESSMENT

PLANNED NURSING ACTIONS

ANTICIPATED LEARNING NEEDS/PATIENT EDUCATION

PATIENT: _____

DIAGNOSTIC TESTS/CONSULTS

DIAGNOSTIC TEST	DATE	NORMAL	PATIENT RESULTS	NURSING SIGNIFICANCE

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