

# Nursing Assessment

## Patients Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Vital Signs

Temperature: \_\_\_\_\_ If Temperature over 100 degrees client needs medical attention.

Blood Pressure Reading 1: \_\_\_\_\_ Blood Pressure Reading 2: \_\_\_\_\_

If Blood Pressure greater than 165/100 twice within 15 minutes client needs medical attention:

Heart Rate: \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_ Pulse Oximeter: \_\_\_\_\_

If Pulse Ox Less than 92% client needs medical attention.

Notes / Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medication(s)

Name / Strength:	Dosage / Frequency:	Condition Taken For:	Effectiveness/ Side effects:
------------------	---------------------	----------------------	------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

## Assessment

Past Medical: \_\_\_\_\_

\_\_\_\_\_

Surgical History: \_\_\_\_\_

\_\_\_\_\_

Social History: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Ambulation: \_\_\_\_\_

\_\_\_\_\_

Skin Integrity: \_\_\_\_\_

Self Care: \_\_\_\_\_

**History of Physical Illness:**

- Asthma     Ulcers     Headaches     Glaucoma     Diabetes     Seizures     Tuberculosis     Blood Pressure
- Skin Diseases     Back Problems     Hepatitis     Sickle Cell     Heart Disease     HIV/Aids     Venereal Disease
- Head Injury     Emphysema     Cancer     Arthritis     Other (specify) \_\_\_\_\_

**Point of Care Testing:**

Fingerstick blood sugar if indicated: \_\_\_\_\_ Breath ETOH \_\_\_\_\_

**If symptomatic BS fingerstick greater than 300 client needs medical attention.**

**Disposition**

**General Exclusionary Criteria:**

- Complaint of chest pain or shortness of breath (pulse oximeter, 92%).
- Pregnancy with complications, or no pre-natal care and within 4-6 weeks of delivery.
- Recent untreated injuries (fractures, lacerations, etc.)
- Inability to ambulate.
- Any open wound, abscess or open sores, skin irritations or complex dressing altered level of consciousness resulting in an inability to follow commands/ rules.

- Meets Criteria for low demand shelter
- Doesn't meet criteria for low demand shelter
- Unable to complete nursing assessment
- Other (Comment in Notes)

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nurses Name: (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_