Margaret H. Rollins School of Nursing
Foundations of Nursing

Initials _____ **Signature** _____

ACTIVITY SHEET

DATE_____

Safety

☐ ID Band Check
☐ Fall Precautions: ☐ Bed Alarm ☐ Chair alarm ☐ Telesitter
☐ Waffle Boot
☐ Aspiration Precaution
☐ HOB elevated: _____ degrees

Personal Care

☐ Bath: _____ ☐ Self ☐ Assist ☐ Complete
☐ Mouth Care: _____
☐ Dentures: ☐ Upper ☐ Full ☐ Partial ☐ Lower ☐Full ☐Partial
☐ Glasses ☐ Hearing Aide
☐ Shave: _____
☐ Hair washed: _____
☐ Incontinence care: _____ _____ _____ _____

Activity

☐ Bed rest
☐ Dangled: _____ _____ _____ _____
☐ OOB to BR/Commode by self
☐ OOB to BR/Commode w/assist: _____ _____ _____ _____ _____ _____
☐ OOB to chair: _____ _____ _____ _____ _____ _____
☐ Ambulated by self:
☐ Ambulated with assistance: _____ _____ _____ _____ _____ _____
☐ Turns self in bed
☐ Turned: Circle R (RIGHT) L (LEFT) B (BACK) & Initial

0700 R L B____	0800 R L B ___	0900 R L B ___
1000 R L B____	1100 R L B ___	1200 R L B ___
1300 R L B____	1400 R L B ___	1500 R L B ___
1600 R L B____	1700 R L B ___	1800 R L B ___

☐ TEDS/AES ☐ EPCs: ☐ Foot ☐ Calf
☐ Ice Pack: site: _____ ☐ Cryocuff site: _____
☐ Heating Pad ☐ Warm Compresses site: _____

Morse Fall Scale

Item	*Scale*	*Scoring*
1. History of falling; immediate or within 3 months	No 0 Yes 25	_____
2. Secondary diagnosis	No 0 Yes 25	_____
3. Ambulatory aid Bed rest/nurse assist Crutches/cane/walker Furniture	 0 15 30	_____
4. IV/Saline Lock	No 0 Yes 20	_____
5. Gait/Transferring Normal/bed rest/immobile Weak Impaired	 0 10 20	_____
6. Mental status Oriented to own ability Forgets limitations	 0 15	_____

Risk Level	MFS Score	Action
No Risk	0 – 24	Good Basic Nursing Care
Low Risk	25 – 50	Implement Standard Fall Prevention Interventions
High Risk	> 51	Implement High Risk Fall Prevention Interventions

TOTAL SCORE _____

Braden

Sensory Perception	1. completely limited	2. very limited	3. slightly limited	4. no impairment	Total Braden Score
Moisture Exposure	1. constantly moist	2. very moist	3. occasionally moist	4. rarely moist	_____
Activity	1. bedfast	2. chairfast	3. walks occasionally	4. walks frequently	Time:_____
Mobility	1. completely immobile	2. very limited	3. slightly limited	4. no limitations	
Nutrition	1. very poor	2. probably inadequate	3. adequate	4. excellent	Initials:_____
Friction & Shear	1. problem	2. potential problem	3. no apparent problem		

Braden Score: ☐ 15 – 23 = Pressure Ulcer Prevention Guidelines Initiated ☐ 6 – 14 = High Risk Pressure Ulcer Guidelines Initiated

IV THERAPY

TIME	SITE LOCATION	CATH SIZE	SITE ASSESSMENT	INITIALS

DATE_____ TIME_____ INITIALS / SIGNATURE_____

☐ ID BAND ON ☐ NKA ☐ FALL BAND ☐ ALLERGY BAND ☐ LATEX ALLERGY ☐ OTHER ARM BAND _____

☐ HEARING IMPAIRED ☐ VISION IMPAIRED ☐ ISOLATION (TYPE):_____

NEURO

☐ AGE APPROP
☐ ALERT
☐ LETHARGIC
☐ UNRESPONSIVE
☐ ORIENT PERSON
☐ ORIENT PLACE
☐ ORIENT TIME
☐ ORIENT SITUATION
☐ DISORIENTED
☐ RESPONDS STIMULI
☐ SPEECH CLEAR
☐ SENSATION WNL

☐ FACIAL DROOP
☐ PUPILS EQUAL
_____MM
☐ UNEQUAL PUPILS
☐ RAMBLING SPEECH
☐ APHASIC
☐ NUMBNESS
☐ TINGLING
☐ DIZZINESS
☐ SEIZURE PRECAUTIONS
☐ NEURO ✓ ORDERED

Glasgow Coma Score (Check one per column)

Eye Opening	Motor Response	Verbal Response
☐ Spontaneously (4)	☐ Obeys Verbal Command (6)	☐ Oriented x 3 (5)
☐ To Speech (3)	☐ Localizes Pain (5)	☐ Conversation Confused (4)
☐ To Pain (2)	☐ Flexion Withdraw (4)	☐ Speech Inappropriate (3)
☐ No Response (1)	☐ Flexion Abnormal (3)	☐ Sounds Incomprehensible (2)
	☐ Extension Abnormal (2)	☐ No Response (1)
	☐ No Response (1)	

Total GSC Score = _____

Comments

CV

☐ AP _____
☐ RHYTHM REG
☐ RHYTHM IRREG
☐ MURMUR
☐ PACER
☐ TELE # _____
☐ NV ✓ ORDERED

☐ BIL PERIPHERAL PULSES PALPABLE
☐ ↓ PERIPHERAL PULSES
☐ NO EDEMA
☐ EDEMA
☐ CAP REFILL<3 SEC
☐ CAP REFILL> 3 SEC
☐ EPC _____
☐ TEDS

Comments

GU

☐ VOID W/O DIFFICULTY
☐ DID NOT SEE VOID
☐ FOLEY CATH
☐ INTACT
☐ DRAINING
☐ SIZE ____ FR
☐ INSERTION DATE
☐ CBI
☐ SUPRAPUBIC CATH
☐ COLOR OF URINE _____
☐ URINE CLEAR
☐ CLOUDY

☐ BLADDER
☐ NONDISTENDED
☐ DISTENDED
☐ INCONTINENCE
☐ DYSURIA
☐ FREQUENCY
☐ URGENCY
☐ OLIGURIA
☐ VAGINAL BLEEDING
☐ VAGINAL DISCHARGE
☐ PENILE DISCHARGE
☐ EXTERNAL FOLEY

Comments

INTEGUMENTARY

☐ SKIN WARM
☐ HOT
☐ COOL
☐ DRY
☐ EXCESS DRYNESS
☐ DIAPHORETIC
☐ TURGOR ELASTIC
☐ TENTING
☐ COLOR NORMAL
☐ COLOR PALE
☐ FLUSHED
☐ DUSKY
☐ CYANOTIC
☐ JAUNDICED
☐ MOTTLED
☐ INCISION _____
☐ DRESSING _____
☐ DRAINS _____

☐ MM INTACT
☐ MM MOIST
☐ MM DRY
☐ ITCHING
☐ NO RASH
☐ BRUISING
☐ SKIN INTACT
☐ SKIN NOT INTACT
☐ SKIN BREAKDOWN LOCATION _____
TYPE _____

Comments

PULMONARY

O_2 _____
O_2 SAT _____%
☐ RESP REGULAR
☐ RESP IRREGULAR
☐ UNLABORED
☐ LABORED
☐ SYMMETRICAL
☐ LUNGS CLEAR
☐ DIMINISHED
☐ SHALLOW
☐ COARSE
☐ LABORED
☐ STRIDOR
☐ CRACKLES _____
☐ RHONCHI _____
☐ WHEEZING _____
☐ INSPIRATORY
☐ EXPIRATORY

☐ INCENTIVE SPIROMETER
☐ RESP TREATMENTS
COUGH:
☐ PRODUCTIVE
☐ NONPRODUCTIVE
☐ SECRETIONS:
☐ SUCTIONED:
☐ NT ☐ ORAL
☐ ARTIFICIAL AIRWAY:
☐ TYPE _____
☐ SIZE _____
☐ CHEST TUBE:
☐ R ☐ L
☐ SUCTION _____ CM
☐ STRAIGHT DR.

Comments

GI

☐ ABD SOFT
☐ ABD FIRM
☐ ABD TENDER
☐ ABD NONTENDER
☐ NONDISTENDED
☐ DISTENDED
☐ BOWEL SOUNDS
☐ PRESENT
☐ RUQ _____
☐ LUQ _____
☐ RLQ _____
☐ LLQ _____
☐ HYPOACTIVE
☐ RUQ _____
☐ LUQ _____
☐ RLQ _____
☐ LLQ _____
☐ HYPERACTIVE
☐ RUQ _____
☐ LUQ _____
☐ RLQ _____
☐ LLQ _____
☐ ABSENT
☐ RUQ _____
☐ LUQ _____
☐ RLQ _____
☐ LLQ _____

☐ NAUSEA
☐ VOMITING
☐ DYSPHAGIA
☐ DIARRHEA
☐ CONSTIPATION
☐ INCONTINENCE
☐ ASCITES
☐ GASTRIC TUBE
☐ TYPE _____
☐ SUCTION
☐ LIWS
☐ CONTIN.
☐ STRAIGHT DR
☐ CLAMPED
☐ FEEDING TUBE TYPE _____
☐ OSTOMY
☐ TYPE _____
☐ STOMA NORMAL
☐ STOMA ABNORMAL
☐ DATE OF LAST BM _____

Comments

MUSCULOSKELETAL

☐ STRENGTH WNL
☐ TONE WNL
☐ MOVES EXTREMITIES
☐ LIMITED MOVEMENT
☐ DID NOT SEE AMBULATE
☐ AMBULATES
☐ INDEPENDENT
☐ W/ASSIST
☐ GAIT STEADY
☐ GAIT UNSTEADY
☐ ASSISTIVE DEVICE
☐ WALKER ☐ CANE
☐ CRUTCHES
☐ WB
☐ FRAME & TRAPEZE
☐ CPM ☐ ALT ROM
☐ ABDUCTOR PILLOW
☐ CRYOCUFF ☐ ICE

☐ RIGID ☐ SPASTIC
☐ WEAK ☐ FLACCID
STRENGTH _____ / 5
☐ CONTRACTURE
☐ PARALYSIS
☐ ADDITIONAL DEVICES _____
☐ HIP PRECAUTIONS

Comments

PSYCH

☐ COOPERATIVE
☐ RECEPTIVE
☐ COMPLIANT
☐ ANXIOUS
☐ FEARFUL
☐ CRYING
☐ DEPRESSED

☐ IRRITABLE
☐ AGITATED
☐ HOSTILE
☐ DEMANDING
☐ DELUSIONAL
☐ INEFFECTIVE COPING
☐ INAPPROPRIATE AFFECT

Comments

PT STATED PAIN GOAL:

CURRENT PAIN SCORE:

SCALE USED: ☐ NUMERIC ☐ FACES ☐ NON-VERBAL

☐ LOCATION:

TYPE:
☐ ACUTE
☐ CHRONIC
☐ INTERMITTENT
☐ CONSTANT
☐ N/A

EXHIBITS:
☐ GRIMACING
☐ GUARDING
☐ MOANING
☐ RESTLESSNESS
☐ N/A

DESCRIPTION:
☐ ACHING
☐ BURNING
☐ CRAMPING
☐ CRUSHING
☐ DEEP
☐ OTHER _____
☐ DULL
☐ POUNDING
☐ PHANTOM
☐ PRESSURE
☐ RADIATING
☐ SHARP
☐ SHOOTING
☐ SORENESS
☐ STABBING
☐ THROBBING
☐ TIGHTNESS
☐ TINGLING

VITAL SIGNS

ANY INTERVENTION?