

Initials \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# Student Nurse Assessment Form

**Safety**

ID Band Check

Fall Precautions:  Bed Alarm  Chair alarm

Waffle Boot

Aspiration Precaution

HOB elevated: \_\_\_\_\_ degrees

Bath: \_\_\_\_\_  Self  Assist  Complete

Mouth Care: \_\_\_\_\_

Dentures:  Upper  Full  Partial  Lower  Full  Partial

Glasses  Hearing Aide

Shave: \_\_\_\_\_

Hair washed: \_\_\_\_\_

Incontinence care: \_\_\_\_\_

**Personal Care**

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/Heparin 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 _____ Time: _____ Initials: _____
	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	
	Mobility	1. completely immobile	2. very limited	3. slightly limited	4. no limitations	
	Nutrition	1. very poor	2. probably inadequate	3. adequate	4. excellent	
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



