Margaret H. Rollins School of Nursing **Foundations of Nursing**

Student Nurse Assessment Form

Reminders to Chart in Cerner: ☐ HYGIENE ☐ LINEN ☐ % MEALS ☐ ADL's ☐ ACTIVITY/TURNS ☐ I&O

IV Therapy

Time	*Site Location*	*Cath Size*	*Site Assessment*	*Initials*

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 – 15	
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	
Total Score _____		

Interventions

Risk Level	*Morse Score*	*Action*
Low Risk	0-24	Educate client/family, provide purposeful rounding, ensure frequently used items within reach, maintain adequate lighting, & use nonskid footwear.
Med Risk	25-45	*(In addition to previous actions)* Apply fall risk band, maintain bed in lowest position with wheels locked, ensure use of bed alarm, provide toileting opportunities during purposeful rounding, accompany client to/from bathroom & while ambulating.
High Risk	>45	*(In addition to previous actions)* Remain with patient during toileting & consider additional monitoring (close observation)

Braden Scale

Sensory Perception	1. Completely limited	2. Very limited	3. Slightly limited	4. No impairment
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 & Sheer	1. Problem	2. Potential problem	3. No apparent problem	—
Total Score _____				

Interventions

Risk Level	*Braden Score*	*Action*
Low Risk	15-23	Increase mobility & consider PT if needed. Turn & reposition frequently – q2hrs in bed using pillows/wedges, q1hr in chair, off-load heels, & reduce friction & sheer. Prevent dry skin & prevent pressure injury development. Ensure no more than 3 layers of linen. Ensure adequate nutrition. Educate client/family. Assess skin every shift, document findings & prevention measures used.
High Risk	6-14	(In addition to previous actions). Apply pressure injury prevention dressing to sacral area, utilize TAPS system, wedges, waffle boots when necessary. Consider bed with redistribution surface.

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
☐ ORIENT PERSON
☐ ORIENT PLACE
☐ ORIENT TIME
☐ ORIENT SITUATION
☐ RESPONDS STIMULI
☐ SPEECH CLEAR
☐ SENSATION WNL
☐ PUPILS EQUAL _____MM
☐ UNEQUAL PUPILS

☐ DISORIENTED
☐ LETHARGIC
☐ UNRESPONSIVE
☐ FACIAL DROOP
☐ RAMBLING SPEECH
☐ APHASIC
☐ NUMBNESS
☐ TINGLING
☐ DIZZINESS

Neuro Interventions

☐ SEIZURE PRECAUTIONS
☐ NEURO ✓ ORDERED

Comments

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 = ____

PULMONARY

O_2 DELIVERY _____
O_2 SAT ____%

Respirations

☐ REGULAR
☐ IRREGULAR
☐ UNLABORED
☐ LABORED
☐ SYMMETRICAL

Lung Sounds

☐ LUNGS CLEAR
☐ DIMINISHED
☐ SHALLOW
☐ STRIDOR
☐ COARSE
☐ CRACKLES
☐ RHONCHI
☐ WHEEZING
☐ INSPIRATORY
☐ EXPIRATORY

*Specify abnormal lung sounds location in comments section

Cough

☐ PRODUCTIVE
☐ NONPRODUCTIVE
☐ SECRETIONS: _____

Respiratory Interventions

☐ INCENTIVE SPIROMETER
☐ RESP TREATMENTS
☐ SUCTIONED

Comments

CV

Rhythm

☐ REGULAR
☐ IRREGULAR
☐ MURMUR
☐ PACER
☐ AP _____
☐ TELE # _____
☐ NV ✓ ORDERED
☐ EPCs
☐ TEDS

Pulses

☐ BIL PERIPHERAL PULSES PALPABLE
☐ ↓ PERIPHERAL PULSES

Edema

☐ NO EDEMA
☐ EDEMA _____

Cap Refill

☐ <3 SEC
☐ >3 SEC

Comments

GU

☐ VOID W/O DIFFICULTY
☐ DID NOT SEE VOID
☐ INCONTINENCE
☐ DYSURIA
☐ FREQUENCY
☐ URGENCY
☐ OLIGURIA

Urine

☐ COLOR _____
☐ CLEAR
☐ CLOUDY
☐ HEMATURIA

Bladder

☐ NONDISTEND
☐ DISTENDED

Foley

☐ INTACT & DRAINING
☐ SIZE ___ FR
☐ INSERT DATE ___
☐ SUPRAPUBIC CATH
☐ PURWICK
☐ EXTERNAL MALE CATHETER

Comments

GI

Abdomen

☐ SOFT
☐ FIRM
☐ NONTENDER
☐ TENDER
☐ NONDISTENDED
☐ DISTENDED
☐ DATE OF LAST BM _____

Bowel Sounds

☐ PRESENT
☐ RUQ ☐ LUQ
☐ RLQ ☐ LLQ
☐ HYPOACTIVE
☐ RUQ ☐ LUQ
☐ RLQ ☐ LLQ
☐ HYPERACTIVE
☐ RUQ ☐ LUQ
☐ RLQ ☐ LLQ
☐ ABSENT
☐ RUQ ☐ LUQ
☐ RLQ ☐ LLQ

☐ NAUSEA
☐ VOMITING
☐ DIARRHEA
☐ CONSTIPATION
☐ INCONTINENCE
☐ ASCITES
☐ DYSPHAGIA

Gastric Tube

☐ TYPE _____
☐ SUCTION
☐ LIWS
☐ CONTIN.
☐ STRAIGHT DR
☐ CLAMPED
☐ FEEDING
☐ TYPE _____

Ostomy

☐ TYPE _____
☐ STOMA NORMAL
☐ STOMA ABNORMAL

Comments

INTEGUMENTARY

Temperature

☐ WARM
☐ HOT
☐ COOL
☐ DRY
☐ DIAPHORETIC

Turgor

☐ ELASTIC
☐ TENTING

Color

☐ NORMAL
☐ PALE
☐ FLUSHED
☐ DUSKY
☐ CYANOTIC
☐ JAUNDICED
☐ MOTTLED

Mucous Membranes

☐ INTACT
☐ MOIST
☐ DRY

☐ SKIN INTACT
☐ SKIN NOT INTACT
☐ ITCHING
☐ RASH
☐ BRUISING
☐ INCISION _____
☐ DRAINS _____

Skin Breakdown

LOCATION: _____
TYPE: _____
Specify in comment section

Comments

MUSCULOSKELETAL

Range of Motion

☐ MOVES ALL EXTREMITIES
☐ LIMITED MOVEMENT
☐ CONTRACTURE
☐ PARALYSIS

Strength & Tone

☐ STRENGTH WNL
☐ TONE WNL
☐ WEAK
☐ RIGID
☐ SPASTIC
☐ FLACCID

Ambulation

☐ INDEPENDENT
☐ W/ ASSIST
☐ GAIT STEADY
☐ GAIT UNSTEADY
☐ DID NOT SEE AMBULATE

Ortho Assistive Devices & Interventions

☐ WEIGHT BEARING _____
☐ WALKER
☐ CANE
☐ CRUTCHES
☐ SLING
☐ CAST
☐ BOOT
☐ BRACE
☐ PILLOW
☐ CRYOCUFF
☐ ICE

Comments

PT STATED PAIN GOAL:

CURRENT PAIN SCORE:

SCALE USED: ☐ NUMERIC ☐ FACES ☐ NON-VERBAL

☐ PAIN 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

0700 Vitals: _____

1100 Vitals: _____