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

Student Nurse Assessment Form

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 • None / 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	**Universal Interventions**: Educate client/family, provide purposeful rounding, ensure call light & personal items within reach, maintain bed in lowest position with wheels locked, use nonslip footwear, & maintain room free of clutter **High Risk Interventions**: (In addition to universal prevention measures) Bed & chair exit alarms, offer toileting q2hrs, accompany client to bathroom & provide direct observation while toileting, apply fall risk band, use gait belt/assistive devices as needed, & consider close observation
Med Risk	25-45	
High Risk	>45	

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*	*Prevention Measures*
Low Risk	19-23	*Assess skin every shift, document findings & prevention measures used* Educate client/family, prevent dry skin, encourage nutrition/hydration, apply pressure injury prevention sacral dressing for high-risk clients, turn & reposition at least q2hrs in bed using pillows/wedges – turn side-to-side, avoiding supine for client with existing wounds, use draw sheet/TAPS or incontinence pad to reduce friction & sheer, maintain HOB <30 unless contraindicated, maintain <3 layers of linen, assist OOB to chair BID with chair cushion – change positions at least q1hr while in chair, increase mobility & consider PT, off-load heels – consider waffle boots,
High Risk	6-18	

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

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

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

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

PAIN

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