Antecedents

Antecedents: What developments/changes caused the patient to come to the hospital/clinic?

Main Admitting Diagnosis

Chief Complaint, physician diagnosis

Preexisting Medical Conditions

All medical conditions for which the patient is receiving medications and other pertinent medical diagnoses, as appropriate.

All Medications

All medications: routine, STAT, one-time, prn, PCA pump, hand-held nebulizer, IV fluids (including additives)

Lab Data

Lab data: CBC, CMP, US, ABGs, cultures, etc. Include any serial lab data

Diagnostic Test, Procedures, Surgery, Interventions

Diagnostic Tests: may include (but not limited to) x-ray, CT, MRI, biopsies, spinal tap, etc.
Procedures: may include (but not limited to) central line placement, chest tube, PEG, etc.
Surgery: include relevant surgeries
Interventions: may include (but not limited to) respiratory treatment, blood transfusion, dialysis, etc.

Nursing Assessment

Include pertinent findings from the patient's history and physical, developmental data, allergies, nutritional assessment, diet, signs and symptoms, subjective data from patient (concerns/complaints). This data must be present before the nursing diagnosis can be determined.

Consultations

Include the "service" requests – Orthopedic consult, Neurology consult, etc. Include allied health consults such as PT, OT, ST, etc. Provide reason for all consults.

Nursing Care & Nursing Interventions

Discharge assessment and planning (i.e. hospice, rehab, long-term care, home care)
Nursing interventions: include relevant patient teaching

Nursing Diagnosis

NANDA format: state problem and etiology (the signs and symptoms will be in yellow nursing assessment ovals). Include rationale for choosing the nursing diagnosis.