PERIPHERAL VASCULAR

3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable

Extremities: ❑ Pink ❑ Red ❑ Cyanotic ❑ Warm
❑ Cool Calf Tenderness/Swelling ❑ R ❑ L
Ted Hose ❑ Y ❑ N SCDs ❑ Y ❑ N
❑ Plexipulses Capillary Refill:_____Seconds
Affected extremity pulse verified with Doppler ❑ Y ❑ N
Pulses: Radial R_____ L_____
Pedal R_____ L_____
Post. Tib. R_____ L_____
Comments:_____

NEUROLOGY/PSYCHOSOCIAL

Family at bedside ❑ Y ❑ N
❑ Alert ❑ Oriented ❑ Confused ❑ Comatose
❑ Sedated ❑ Drowsy Cough Reflex ❑ Y ❑ N
Follows Simple Commands: ❑ Y ❑ N Gag ❑ Y ❑ N
Muscle Strength: (S-Strong, W-Weak, N-None)
Grips: Rt.____ Lt.____ Pushes: Rt.____ Lt.____
Comments:_____
Response to Questions: ❑ Readily ❑ Slowly ❑ None
❑ Calm/Relaxed ❑ Quiet ❑ Withdrawn ❑ Friendly
❑ Restless ❑ Appro. for age ❑ Hostile/Angry
❑ Crying ❑ Anxious ❑ Concerned
Facial expressions: ❑ Flat ❑ Responsive ❑ Grimace
❑ Seizure Precaution ❑ Sedation Vacation Done for Neuro Assessment
Comments:_____

CARDIOVASCULAR

Edema: ❑ Generalized ❑ Dependent
Pitting: ❑ Y ❑ N ❑ 1+ ❑ 2+ ❑ 3+
Skin Turgor WNL ❑ Y ❑ N
Abnormal Heart Sounds ❑ Y ❑ N
Murmur ❑ Y ❑ N
❑ PPM Site:_____Rhythm:_____

PACER SETTINGS

❑ None
Rate_____MA: A _____ V_____
Sensitivity_____Mode_____
Transvenous @_____cm Site_____
Epicardial wires ❑ Y ❑ N
Permanant Pacemaker Site
❑ Left subclavicular ❑ Right subclavicular

GASTROINTESTINAL

❑ Nausea ❑ Vomiting ❑ Incontinent
Stool Color_____ Consistency_____
Abdomen: ❑ Soft ❑ Firm ❑ Distended ❑ Guarding
Bowel Sounds: ❑ Active ❑ Hypo ❑ Hyper ❑ Absent
X___ Quadrants Appetite: ❑ Good ❑ Fair ❑ Poor
❑ PEG ❑ NGT ❑ DHT R or L
Comments:_____

SKELETAL

Moves Extremities: ❑ All ❑ RA ❑ RL ❑ LA ❑ LL
❑ Pain ❑ Swelling ❑ Stiffness ❑ Tenderness ❑ Weak
❑ Deformities ❑ Contractures ❑ Spasms ❑ Paralysis
❑ Amputation_____ Gait ❑ Steady ❑ Unsteady
Comments:_____

INCISIONS/WOUNDS/DRAINS

❑ None
#1 Location:_____
❑ Sutures ❑ Staples/Clips ❑ Retention Sutures
❑ Reddened ❑ Swollen ❑ Drainage/Color_____
❑ Open to Air ❑ Dressings_____
❑ Comments_____
#2 Location:_____
❑ Sutures ❑ Staples/Clips ❑ Retention Sutures
❑ Reddened ❑ Swollen ❑ Drainage/Color_____
❑ Open to Air ❑ Dressings_____
❑ Comments_____
#3 Location:_____
❑ Sutures ❑ Staples/Clips ❑ Retention Sutures
❑ Reddened ❑ Swollen ❑ Drainage/Color_____
❑ Open to Air ❑ Dressings_____
❑ Comments_____
#4 Location:_____
❑ Sutures ❑ Staples/Clips ❑ Retention Sutures
❑ Reddened ❑ Swollen ❑ Drainage/Color_____
❑ Open to Air ❑ Dressings_____
❑ Comments_____

GENITOURINARY

Urine: ❑ Clear ❑ Sediment ❑ Cloudy ❑ Yellow
❑ Amber ❑ Bloody ❑ Voids
❑ Foley Size_____Fr Insertion Date_____
❑ Urostomy ❑ BRP ❑ Urinal/Bedpan ❑ BSC ❑ Incontinent
Comments:_____

EYES, EARS, NOSE, THROAT

Sclera: ❑ White ❑ Yellow ❑ Red
Scleral Edema: ❑ Y ❑ N Sore Throat: ❑ Y ❑ N
Nasal Drainage: ❑ Y ❑ N
Comments:_____

ARTERIAL AND VENOUS SITES

A -Without Redness or Swelling B-Redness C-Swelling D-Dressing

❑ Jugular ❑ R ❑ L_____ Start:_____
❑ Subclavian ❑ R ❑ L_____ Start:_____
❑ PICC ❑ R ❑ L_____ Start:_____
❑ Peripheral ❑ R ❑ L_____ Start:_____
❑ Peripheral ❑ R ❑ L_____ Start:_____
❑ Arterial Line ❑ R ❑ L_____ Start:_____
❑ Femoral ❑ Radial
❑ PA@_____cm ❑ R ❑ L Start:_____
Hemodialysis Access Location_____
❑ Graft ❑ AV Fistula ❑ Thrill ❑ Bruit

PULMONARY

Respirations: ❑ No Distress ❑ SOB ❑ Labored
❑ Accessory Muscles ❑ Shallow ❑ Apnea ❑ Tachypnea
❑ RA O2:_____ ❑ NC ❑ Venti Mask ❑ Trach Collar
❑ Non rebreather ❑ T-Piece ❑ Ventilator: ❑ BiPAP/CPAP
#_____ETT @_____cm # _____Shiley Trach
BVM at bedside ❑ Y ❑ N
Obturator at bedside ❑ Y ❑ N
Cough: ❑ Productive ❑ Non Productive ❑ None
Secreations: Color_____ Consistency_____
Amt. ❑ Copious ❑ Moderate ❑ Minimal
Comments:_____

CHEST TUBES

❑ None
#1 ❑ Pleural ❑ Mediastinal ❑ L ❑ R
❑ Suction ❑ Gravity
Drainage Color: ❑ Serous ❑ Sanguinous ❑_____
Air-leak ❑ Y ❑ N ❑ Pleuravac ❑ Thoraseal
Comments_____
#2 ❑ Pleural ❑ Mediastinal ❑ L ❑ R
❑ Suction ❑ Gravity
Drainage Color: ❑ Serous ❑ Sanguinous ❑_____
Air-leak ❑ Y ❑ N ❑ Pleuravac ❑ Thoraseal
Comments_____
#3 ❑ Pleural ❑ Mediastinal ❑ L ❑ R
❑ Suction ❑ Gravity
Drainage Color: ❑ Serous ❑ Sanguinous ❑_____
Air-leak ❑ Y ❑ N ❑ Pleuravac ❑ Thoraseal
Comments_____

SKIN ASSESSMENT

❑ Skin Intact
Skin assessment codes:
1. Abrasions 2. Decubitis 3. Bruises 4. Incision
5. Redness 6. Edema 7. Rash 8. Lacerations
9. Petechiae 10. Hematoma 11. Blister 12. Stoma
13. Sutures 14. Staples 15. Other:_____
Skin Color normal for patient ❑
❑ Pale ❑ Cyanotic ❑ Jaudice
❑ Shiny ❑ Clammy ❑ Cool
❑ Diaphoretic
Braden Scale Score_____
❑ If Braden Scale ≤ 18 initiate Skin Care Protocol
Comments:_____

LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub

❑ Initial Assessment ❑ See Narrative for Additional information Signature_____Date:_____Time:_____
❑ No Changes to initial assessment ❑ See Narrative for ❑s Signature_____Date:_____Time:_____
❑ No Changes to previous assessment ❑ See Narrative for ❑s Signature_____Date:_____Time:_____

COVENANT SCHOOL OF NURSING STUDENT DOCUMENTATION

DAILY ASSESSMENT