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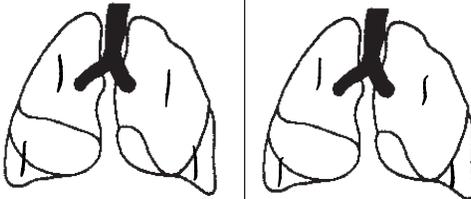
3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable

Extremities: ❏ Pink ❏ Red ❏ Cyanotic ☑ Warm
❏ Cool Calf Tenderness/Swelling ❏ R ❏ L
Ted Hose ❏ Y ❏ N   SCDs ❏ Y ❏ N
❏ Plexipulses Capillary Refill: _< 3_ Seconds
Affected extremity pulse verified with Doppler ❏ Y ❏ N
Pulses: Radial R _2+_ L _2+_
Pedal R _1+_ L _1+_
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. _S_ Lt. _S_ Pushes: Rt. _S_ Lt. _S_
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☑ Calm/Relaxed ❏ Quiet ❏ Withdrawn ☑ Friendly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

INCISIONS/WOUNDS/DRAINS
❏ None
#1 Location: _coccyx_
❏ Sutures ❏ Staples/Clips ❏ Retention Sutures
❏ Reddened ❏ Swollen ❏ Drainage/Color_____
❏ Open to Air ☑ Dressings _heart shaped_
❏ Comments _prevention dressing_
#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_____

GASTROINTESTINAL

❏ Nausea ❏ Vomiting ❏ Incontinent
Stool Color_____ Consistency_____
Abdomen: ☑ Soft ❏ Firm ❏ Distended ❏ Guarding
Bowel Sounds: ☑ Active ❏ Hypo ❏ Hyper ❏ Absent
X _4_ Quadrants Appetite: ☑ Good ❏ Fair ❏ Poor
❏ PEG ❏ NGT ❏ DHT R or L
Comments: _c/o abd pain is 5 out of 10_

SKELETAL

Moves Extremities: ☑ All ❏ RA ❏ RL ❏ LA ❏ LL
❏ Pain ❏ Swelling ❏ Stiffness ❏ Tenderness ☑ Weak
❏ Deformities ❏ Contractures ❏ Spasms ❏ Paralysis
❏ Amputation_____ Gait ❏ Steady ☑ Unsteady
Comments: _x1 assist_
_____
_____

GENITOURINARY

Urine: ❏ Clear ❏ Sediment ❏ Cloudy ❏ Yellow
❏ Amber ☑ Bloody ❏ Voids
❏ Foley Size_____Fr Insertion Date_____
❏ Urostomy ❏ BRP ❏ Urinal/Bedpan ❏ BSC ❏ Incontinent
Comments: _Foley was d/c 3/23/21_

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
® PAC AO dressing changed 3/23/21

PULMONARY

Respirations: ☑ No Distress ❏ SOB ❏ Labored
❏ Accessory Muscles ❏ Shallow ❏ Apnea ❏ Tachypnea
☑ RA O2: _95%_ ❏ 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:_____

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

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 ❏ Jaundice
❏ Shiny ❏ Clammy ❏ Cool
❏ Diaphoretic
Braden Scale Score_____
❏ If Braden Scale ≤ 18 initiate Skin Care Protocol
Comments:_____

☑ Initial Assessment ❏ See Narrative for Additional information Signature _MDawson_   Date: _3/24/21_ Time: _1030_

❏ 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