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 2+ L 2+
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☑ Calm/Relaxed ❑ Quiet ❑ Withdrawn ☑ Friendly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

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:_____

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
(B) powerport AD

PULMONARY

Respirations: ☑ No Distress ❑ SOB ❑ Labored
❑ Accessory Muscles ❑ Shallow ❑ Apnea ❑ Tachypnea
☑ RA O2: 99% ☑ 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 MDamron Date: 5·31·21 Time: 1015
❑ 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