NURSING SHIFT ASSESSMENT

DATE: _____ **SHIFT:** ❑ Day(7A-7P) ❑ Night(7P-7A)

Label
Name: _____
MR#: _____ D.O.B. _____

Orientation	Affect	ADL	Motor Activity	Mood	Behavior	
❑Person	❑ Appropriate	❑ Independent	❑ Normal	❑ Irritable	❑ Withdrawn	❑ Aggressive
❑Place	❑ Inappropriate	❑ Assist	❑ Psychomotor retardation	❑ Depressed	❑ Suspicious	❑ Manipulative
❑Time	❑ Flat	❑ Partial Assist	❑ Psychomotor agitation	❑ Anxious	❑ Tearful	❑ Complacent
❑Situation	❑ Guarded	❑ Total Assist	❑ Posturing	❑ Dysphoric	❑ Paranoid	❑ Sexually acting out
	❑ Improved		❑ Repetitive acts	❑ Agitated	❑ Isolative	❑ Cooperative
	❑ Blunted		❑ Pacing	❑ Labile	❑ Preoccupied	❑ Guarded
				❑ Euphoric	❑ Demanding	❑ Intrusive

Thought Processes
❑ Goal Directed ❑ Tangential ❑ Blocking
❑ Flight of Ideas ❑ Loose association ❑ Indecisive
❑ Illogical ❑ Delusions:) (type)_____

Thought Content
❑ Obsessions ❑ Compulsions ❑ Suicidal thoughts
❑ Hallucinations:❑ Auditory ❑ Visual ❑ Olfactory ❑ Tactile ❑ Gustatory
❑ Worthless ❑ Somatic ❑ Assaultive Ideas ❑ Logical
❑ Hopeless ❑ Helpless ❑ Homicidal thoughts

Pain: ***Yes No Pain scale score*** _____ ***Locations*** _____
Is pain causing any physical impairment in functioning today ❑ No ❑ If yes explain _____

Nursing Interventions:
❑ Close Obs. q15 ❑ Ind. Support ❑ Reality Orientation ❑ Toilet Q2 w/awake ❑ 1 to 1 Observation _____ reason (specify)
❑ Milieu Therapy ❑ Monitor Intake ❑ Encourage Disclosure ❑ Neuro Checks ❑ Rounds Q2
❑ V/S ❑ O2 sat. ❑ Tx Team ❑ Wt. Monitoring ❑ Elevate HOB ❑ MD notified _____
❑ Nursing group/session (list topic): _____
❑ ADLs assist ❑ I&O ❑ PRN Med per order _____

❑ ***DOCUMENT ABNORMAL OCCURENCES IN MULTIDISCIPLINARY NOTES*** *(violence, suicide, elope, fall, physical health)* ***DAILY SUICIDE RISK ASSESSMENT* Note – for frequent assessment purposes, Question 1 has been omitted***	***Since Last Contact***	
Ask Question 2*	***YES***	***NO***
2) ***Have you actually had thoughts about killing yourself?***	***LOW***	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) Have you been thinking about how you might do this?	***MOD***	
4) ***Have you had these thoughts and had some intention of acting on them?*** ***E.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."***	***HIGH***	
5) ***Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*** ***As opposed to "I have the thoughts, but I definitely will not do anything about them."***	***HIGH***	
6) Have you done anything, started to do anything, or prepared to do anything to end your life? ***Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.***	***HIGH***	

❑ ***Low Risk*** ❑ ***Moderate Risk*** ❑ ***High Risk***

Nurse Signatures) _____ *Date:* _____ *Time:* _____

REVIEW OF SYSTEMS

Cardio/Pulmonary:
❑WNL ❑Elevated B/P ❑↓ B/P
❑Chest Pain
❑Edema: ❑ upper ❑ lower

Respiratory/Breath sounds:
❑Clear ❑Rales ❑Crackles ❑Wheezing
❑Cough ❑S.O. B ❑Other: _____
❑ O2 @____l/min ❑Cont. ❑ PRN
Via ❑ nasal cannula ❑face mask

Neurological / L.O.C.:
❑Unimpaired ❑Lethargic ❑Sedated
❑Dizziness ❑ Headache ❑Seizures
❑Tremors ❑ Other_____

Musculoskeletal/Safety:
❑Ambulatory ❑ MAE ❑ Full ROM
❑Walker ❑W/C ❑Immobile
❑Pressure ulcer ❑Unsteady gait
❑Risk for pressure ulcer
❑Reddened area(s)

Nutrition/Fluid:
❑Adequate ❑Inadequate ❑Dehydrated
❑ Supplement ❑Prompting ❑Other_____
new onset of choking risks assessed

Skin:
❑ Bruises ❑ Tear ❑ No new skin issues
~~❑ Wound~~(s) (see Wound Care Packet)
❑ Abrasion ❑ Integumentary Assess
❑ Other: _____

Elimination:
❑ Continent ❑ Incontinent ❑ Catheter
❑ Diarrhea ❑ OTHER_____

Hours of Sleep: ____ ❑ ***Day*** ❑ ***Night***

At Risk for Falls: ❑ Yes ❑ No

At Risk for FALL Precautions:
❑ Arm Band ❑Nonskid footwear
❑BR light ❑ ambulate with assist
❑Call bell ❑Clear path
❑Edu to call for assist ❑Bed alarm
❑ Chair alarm ❑ 1:1 observation level
❑ Assist with ADLs ❑ Geri Chair
❑ Ensure assistive devices near
❑ Other _____