

NURSING SHIFT ASSESSMENT

DATE: 8/27/25

SHIFT: Day(7A-7P)

Night(7P-7A)

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

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 Withdrawn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

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

<input type="checkbox"/> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2) <u>Have you actually had thoughts about killing yourself?</u>	LOW
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6	
3) <u>Have you been thinking about how you might do this?</u>	MOD
4) <u>Have you had these thoughts and had some intention of acting on them?</u> 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) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u> As opposed to "I have the thoughts, but I definitely will not do anything about them."	HIGH
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u>	HIGH
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.	NO

Low Risk Moderate Risk High Risk

Nurse Signatures) Jailene Gonzalez Date: 8/28/25 Time: 0815

REVIEW OF SYSTEMS

Cardio/Pulmonary:
 MWNL Elevated B/P B/P
 Chest Pain
 Edema: upper lower

Respiratory/Breath sounds:
 Clear Rates Crackles Wheezing
 Cough S.O. B Other: _____
 O2 @ _____ /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

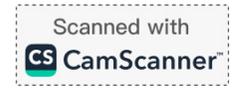
Skin:
 Bruises Tear No new skin issues
 Wound(s) (see Wound Care Packet)
 Abrasion Integumentary Assess
 Other: _____

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 _____



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Nurse Signatures: Janelle [Signature] Date: 8/28/25 Time: 1030

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Elimination:

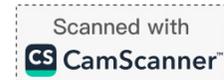
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Anxiety

PMH Critical Thinking Sheet

<p>DSM-5 Diagnosis and Brief Pathophysiology:</p> <p>Generalized anxiety disorder: vague uneasy feeling of discomfort or autonomic response</p>	<p>Therapeutic Communication & Nurse Patient Relationship:</p> <p>Communication strategy:</p> <ul style="list-style-type: none"> - reflection of emotions - active listening - use of silence - exploring 	<p>Plan of Care:</p> <p>Patient problem: (Diagnosis) Generalized Anxiety Disorder, Fear</p> <p>Related to (etiology): Phobic stimulus, being in place/situation from which escape is difficult</p> <p>As evidenced by (signs & symptoms):</p> <ul style="list-style-type: none"> • Refused to expose self • refuse to leave home
<p>DSM-5 Criteria for your patient's diagnosis:</p> <ul style="list-style-type: none"> • excess anxiety/worry for at least 6m • Difficulty controlling their worry. • restlessness, easily fatigued, irritability, muscle tension 	<p>Stage of nurse-patient relationship: working phase; maintaining relationship, facilitate positive behavior change</p> <p>Therapeutic communication techniques appropriate for this patient:</p> <ul style="list-style-type: none"> • active listening • note positive changes in behavior • supportive, nonjudgmental language 	<p>Outcome/Goal: client discuss event/situation</p> <p>Current Treatment & Interventions:</p> <ol style="list-style-type: none"> 1. Reassure client of his/her safety <p>Rationale: panic level of anxiety</p> <ol style="list-style-type: none"> 2. explore client's perception of threat to physical <p>Rationale: understand patient's perception</p> <ol style="list-style-type: none"> 3. Discuss reality of the situation w/client to recognize aspects <p>Rationale: Client must accept reality</p> <ol style="list-style-type: none"> 4. Include client in making decisions for healthy coping <p>Rationale: Encourage client to make choices promoting feeling of empowerment</p>
<p>Psychosocial Stressors (Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.)</p> <ul style="list-style-type: none"> • Legal • Environmental 	<p>Communication approaches to avoid:</p> <p>Avoid harsh language, abrupt.</p> <p>Avoid words such as never, always, constantly</p> <p>Avoid dismissive statement</p>	