

GENERAL APPEARANCE

Appearance: Healthy/Well Nourished
 Neat/Clean Emaciated Unkept
Developmental age:
 Normal Delayed

NEUROLOGICAL

LOC: Alert Confused Restless
 Sedated Unresponsive
Oriented to:
 Person Place Time/Event
 Appropriate for Age
Pupil Response: Equal Unequal
 Reactive to Light Size _____
Fontanel: (Pt < 2 years) Soft Flat
 Bulging Sunken Closed
Extremities:
 Able to move all extremities
 Symmetrically Asymmetrically
Grips: Right S Left S
Pushes: Right S Left S
S=Strong W=Weak N=None
EVD Drain: Yes No Level _____
Seizure Precautions: Yes No

RESPIRATORY

Respirations: Regular Irregular
 Retractions (type) _____
 Labored
Breath Sounds:
Clear Right Left
Crackles Right Left
Wheezes Right Left
Diminished Right Left
Absent Right Left
 Room Air Oxygen

Oxygen Delivery:

Nasal Cannula: _____ L/min
 BiPap/CPAP: _____
 Vent: ETT size _____ @ _____ cm
 Other: _____

Trach: Yes No

Size _____ Type _____
Obturator at Bedside Yes No

Cough: Yes No

Productive Nonproductive

Secretions: Color _____

Consistency _____

Suction: Yes No Type _____**Pulse Ox Site** _____

Oxygen Saturation: 97%

CARDIOVASCULAR

Pulse: Regular Irregular
 Strong Weak Thready
 Murmur Other _____
Edema: Yes No Location _____
 1+ 2+ 3+ 4+
Capillary Refill: < 2 sec > 2 sec

Pulses:

Upper R 3+ L 3+
Lower R 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _____
Stool Appearance: _____
 Diarrhea Constipation
 Bloody Colostomy

mom changed diaper

GASTROINTESTINAL

Abdomen: Soft Firm Flat
 Distended Guarded
Bowel Sounds: Present X 4 quads
 Active Hypo Hyper Absent
Nausea: Yes No
Vomiting: Yes No
Passing Flatus: Yes No
Tube: Yes No Type _____
Location _____ Inserted to _____ cm
 Suction Type: _____

NUTRITIONAL

Diet/Formula: pedic diet
Amount/Schedule: _____
Chewing/Swallowing difficulties:
 Yes No *counting carbs*

MUSCULOSKELETAL

Pain Joint Stiffness Swelling
 Contracted Weakness Cramping
 Spasms Tremors
Movement:
 RA LA RL LL All
Brace/Appliances: None
Type: _____

MOBILITY

Ambulatory Crawl In Arms
 Ambulatory with assist _____
Assistive Device: Crutch Walker
 Brace Wheelchair Bedridden

PSYCHOSOCIAL

Social Status: Calm/Relaxed Quiet
 Friendly Cooperative Crying
 Uncooperative Restless
 Withdrawn Hostile/Anxious
Social/emotional bonding with family:
 Present Absent

IV ACCESS

Site: R dorsol wrist INT None
 Central Line
Type/Location: _____
Appearance: No Redness/Swelling
 Red Swollen
 Patent Blood return
Dressing Intact: Yes No
Fluids: none

SKIN

Color: Pink Flushed Jaundiced
 Cyanotic Pale Natural for Pt
Condition: Warm Cool Dry
 Diaphoretic
Turgor: < 5 seconds > 5 seconds
Skin: Intact Bruises Lacerations
 Tears Rash Skin Breakdown
Location/Description: _____
Mucous Membranes: Color: pink
 Moist Dry Ulceration

PAIN

Scale Used: Numeric FLACC Faces
Location: NA
Type: NA
Pain Score:
0800 _____ 1200 _____ 1600 0

WOUND/INCISION

None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

None
 Drain/Tube
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____