

Skill Checklists for Taylor's Clinical Nursing Skills.
A Nursing Process Approach, 5th edition

Name Laura Duncan

Date 8/25/25

Unit _____

Position _____

Instructor/Evaluator: _____

Position _____

SKILL 4-1

Performing a Situational Assessment

Excellent	Satisfactory	Needs Practice	Goal: A situational assessment is completed; the patient's needs are met; and the patient remains free from injury.	Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Perform hand hygiene and put on PPE, if indicated.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Identify the patient. Explain the purpose of the assessment to the patient.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Assess for data that suggest a problem with the patient's airway, breathing, or circulation. If a problem is present, identify if it is urgent or nonurgent in nature. Refer to Chapter 3 for specific related assessments.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Assess the patient's level of consciousness, orientation, and speech. Observe the patient's behavior and affect. Refer to Chapter 3 for specific related assessments.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Assess the patency of an oxygen delivery device, if in use. Refer to Chapter 14 for specific related assessments.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Survey the patient's environment. Assess the bed position and call bell location. Bed should be in the lowest position and the call bell (based on specific patient care setting) should be within the patient's reach.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Assess for clutter and hazards. Remove excess equipment, supplies, furniture, and other objects from rooms and walkways. Pay particular attention to high traffic areas and the route to the bathroom.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Note the presence and location of appropriate emergency equipment, based on individual patient situation.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Note the presence and location of appropriate assistive devices and mobility aids, based on individual patient situation. Ensure any devices are within the patient's reach.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Assess for the presence of an intravenous access and/or infusion. Assess patency of the device and the insertion site. If an infusion is present, assess the solution and rate. Refer to Chapter 15 for specific related assessments.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Assess for the presence of any tubes, such as gastric tubes, chest tubes, surgical drains, or urinary catheters. Assess patency of device and insertion site. Refer to Chapters 8 and 11 to 14 for specific related assessments.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Provide a bedside commode and/or urinal/bedpan, if appropriate. Ensure that it is near the bed at all times.	

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Name _____ Date _____
 Unit _____ Position _____
 Instructor/Evaluator: [Signature] Position _____

SKILL 4-1

Performing a Situational Assessment (Continued)

Excellent	Satisfactory	Needs Practice		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Ensure that the bedside table, telephone, and other personal items are within the patient's reach at all times.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Consider what further assessments should be completed and additional interventions that may be indicated. Identify problems that need to be reported and whom to contact.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Remove PPE, if used. Perform hand hygiene.	