

**Nyack College
School of Nursing
NUR 393 Clinical
Respiratory Assessment**

Student's name: _____

Patient's Initials: _____ **Date of care:** _____ **Age** _____ **Gender** _____
Preferred language _____ **Ethnicity** _____ **Religion** _____

Chief complaint:

Allergies:

Medications: _____

Food: _____

Environmental: _____

Medical history:

Surgical history (list date and type):

Psychiatric history:

Lactation Status: _____ **Pregnancy Status** _____

Immunizations:

Mandatory Childhood vaccinations UTD _____

Tetanus (date-year) _____

Pneumococcal (date- year) _____

Influenza (date-year) _____

Medications (patient takes at home)

Name	Dose	Route	Frequency	Use

(If more space is required, write on a separate paper)

Health History

Does the patient have:

Dyspnea: YES or NO

at rest _____ mild activity _____ moderate activity _____ strenuous activity _____

supine position _____ Orthopnea _____

worsens while walking? _____ O2 therapy at home? _____

If yes, describe _____

Cough: YES or NO

In the morning _____ at night _____ supine position _____

audible wheezing _____ hemoptysis (describe) _____

Sputum production: YES or NO

productive _____ if yes, COCAF _____

non productive _____

Chest pain or discomfort: YES or NO

Location _____ onset (date & time) _____

quantity (pain scale 0-10) _____ quality _____

Contributing factors _____

Aggravating factor(s) _____ Alleviating factor(s) _____

Social Factors

Smokes: YES or NO

Frequency _____ How many years? _____ Pack years _____

Alcohol use: YES or No

Frequency _____ How many years? _____

Drug Use: YES or No

Name (s) _____ Frequency _____ How many years? _____

Any difficulty(ies) performing activities of daily living (describe)?

Does the patient have any special needs? (hard of hearing, legally blind...)

Physical Exam

Describe the patient's general appearance

Vital signs: T _____ ° F, HR _____, R _____, bp _____, O2 sat _____%
Height _____ Weight _____

Skin color _____ cyanosis (central / peripheral) _____

Nose _____

Sinuses _____

Mouth & Pharynx _____

Trachea _____

Chest _____

Describe breathing pattern _____

Breath sounds: clear bilaterally _____ rhonchi _____ rales _____

wheezes _____ stridor _____ friction rub _____

Extremities

Capillary refill _____ clubbing _____

O2 therapy (type, L/min, % of O2) _____

Dependent/ Independent/ Collaborative Orders:

Activity: _____

Diet: _____

Consults: _____

Therapies/ Treatments: _____

Diagnostic Tests

CBC: abnormal results _____

BMP/ CMP: abnormal results _____

PT/PTT/INR: abnormal results _____

ABG interpretation: _____

Pulmonary function tests: _____

Cultures: _____

Sputum studies: _____

BNP results: _____

Other Laboratory Data: _____

CXR results: _____

CT/ MRI/ V/Q scan: _____

Biopsy _____

ECG 12 lead: _____

Other Diagnostic Studies: _____

Medications (prescribed since admission):

Name	Dose	Route	Frequency	Use

(If more space is required, write on a separate paper)

Patient Education

Patient barriers to learning? _____

Topic	Method (verbal, demonstration, video, pamphlet.....)	Evaluation of learning (Did pt verbalize or demonstrate understanding or does pt require reinforcement)

(If more space is required, write on a separate paper)

Additional Comments:
