

**Nyack College
School of Nursing
NUR 393 Clinical
Cardiovascular 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: at rest ____ mild activity ____ moderate activity ____ strenuous activity ____

Orthopnea _____ paroxysmal nocturnal dyspnea _____

If yes, describe _____

Cough? _____ productive? _____ non productive _____

If yes, describe _____

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) _____

Does it radiate? _____

Does the patient experience:

palpitations _____ dysrhythmias _____

fatigue _____ dizziness _____ syncope _____

edema _____ location _____

weight gain (not r/t increase calorie intake) _____

abdominal distention _____ Parasthesias/ Numbness _____

Urine Output

Frequency _____ Amount _____

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)?

Physical Exam

Describe the patient's general appearance

Vital signs: T _____ ° F, apical HR _____, radial pulse _____, R _____, bp _____, pulse pressure _____, O2 sat _____%

Height _____ Weight _____ BMI _____

LOC _____ mental status _____

Signs of distress _____

Skin color & temp _____

Cyanosis (central / peripheral) _____

Jugular vein distention _____

Orthostatic hypotension _____

Lungs: Breath sounds: clear bilaterally _____ rhonchi _____ rales _____

wheezes _____ stridor _____ friction rub _____

Describe breathing pattern _____

Heart

S1, S2 _____ S3 _____ S4 _____

murmur: location _____ systole or diastole _____ pitch _____ quality _____

Apical pulse (rate, rhythm, & quality) _____

Location of PMI _____

Friction rub _____

Does the patient have central line? _____

Abdomen: _____ abdominal distention _____

Extremities

Capillary refill _____ clubbing _____

Quality of peripheral pulses _____

Numbness _____

Hematoma _____

Edema (location, pitting or non pitting) _____

Urine Output

Frequency _____ Amount _____

Dependent/ Independent/ Collaborative Orders:

Activity: _____

Diet: _____

Consults: _____

Therapies/ Treatments: _____

Diagnostic Tests

CBC: abnormal results _____

BMP/ CMP: abnormal results _____

PT/PTT/INR: abnormal results _____

Cardiac enzymes: CK _____ CKMB _____ troponin _____

C- reactive protein _____ homocysteine _____

BNP results: _____

Lipid profile: Cholesterol _____ triglycerides _____ LDL _____ HDL _____

Other Laboratory Data: _____

CXR results: _____

ECG 12 lead: _____

Continuous ECG reading: _____

Carotid Doppler results: _____

Arterial/ venous Doppler results: _____

Stress test: _____ Echocardiogram _____

Cardiac catheterization: _____

Other Diagnostic: _____

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

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

Additional Comments:
