

**Kaskaskia College
Associate Degree Program
Nursing Assessment/NCP Form**

Student: _____ Date of Care: _____ Date Submitted: _____
Grade: I _____ Resubmit Date: _____; S _____; U _____

Instructor's
Comments: _____

Assessment Data

Pt.'s Initials _____ Clinical Setting _____
Age _____ Gender _____ Admitted from: _____ Admitting _____ ER; _____ Home
_____ Nursing Home _____ Other _____

Admitting
Diagnosis: _____
Brief definition of primary diagnosis: _____

Chief complaint on admission: _____

Admission V/S: T _____ P _____ R _____ B/P: R _____ L _____
Date of Care V/S: T _____ P _____ R _____ B/P: R _____ L _____

Allergies and Reactions: NKA _____; Drugs _____
Food/Other _____
Signs/Symptoms of reaction: _____
Current Surgery: Yes _____ No _____ If yes, type _____

Previous Surgery/Illnesses with dates: _____

Home Meds:

Drug	Dose	Freq	Drug	Dose	Freq
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PSYCHOSOCIAL HISTORY: (Safety/Security: Met___ Unmet___;
Love&Belonging: Met___ Unmet___; Self-Esteem: Met___ Unmet___)

Support Persons: _____

Affect: Calm___ Cooperative___ Bland___ Withdrawn___ Inappropriate___
Irritable___ Anxious___ Fearful___ Angry___ Combative___ Defensive___
Thoughts: Clear___ Goal Directed___ Confused___ Delusions/Hallucinations___
Mood: Describe how patient is feeling today _____

Fear of Injury/Harm: Yes___ No___
Recent Stress: No___ Yes___; Describe _____
Ways of handling stress: _____
Comments: _____

Select Appropriate NANDA Term:

Impaired adjustment___ Anxiety___ Disturbed body image___ Ineffective coping___
Fear___ Dysfunctional grieving___ Hopelessness___ Powerlessness___
Chronic low self-esteem___ Situational low self-esteem___ Spiritual distress___
Other: _____

NEUROLOGICAL: (Physical Safety: Met___ Unmet___; Rest/Activity: Met___
Unmet___)

Oriented: Person___ Place___ Time___
Awake___; Alert___; Restless___; Sedated___; Lethargic___; Comatose___
Pupils: Equal___ Unequal___ Reactive___ Sluggish___
Extremity strength: Equal___ Unequal___
Speech: Clear___ Slurred___ Other: _____
Visual Impairment: None___; Wears glasses/contacts___; Blind___ L___ R___
Hearing Impairment: None___; Deaf___; HOH___ L___ R___; Aids: yes___ no___

Pain: Location: _____
Type of Discomfort: Chronic___ Acute___ Constant___ Intermittent___ Aching___
Burning___ Crushing___ Dull___ Heavy___ Radiating___ Sharp___ Stabbing___
Tender___ Throbbing___ Nausea/Vomiting present___
Severity: _____ (scale 0 – 10) Alleviating Factors: _____

Comments: _____

Select Appropriate NANDA term:

Risk for injury___ Impaired verbal communication___ Disturbed sensory perception,
auditory/visual___ Impaired thought processes___ Acute confusion___
Chronic confusion___ Acute pain___ Chronic pain___

MUSCULOSKELETAL: (Rest/Activity: Met___ Unmet___; Physical Safety: Met___ Unmet___)

Full ROM of extremities: Yes___ No___; Transfers self: Yes___ No___ # of assist___
Weakness___; Tingling___; Numbness___; Contractures___; Paralysis___
Joint swelling___; Joint pain___; Gait: steady___ unsteady___
Assistive Devices: W/C___ Walker___ Brace___ Cane/Crutches___

Comments:_____

Select Appropriate NANDA terms:

*Impaired bed mobility*___ *Impaired wheelchair mobility*___ *Impaired transfer ability*___
*Impaired walking*___ *Risk for disuse syndrome*___ *Unilateral neglect*___ *Risk for injury*___

RESPIRATORY: (Oxygenation Need: Met___ Unmet___)

Rate:___; Even___; Uneven___; Shallow___; Dyspnea___; Orthopnea___
Breath Sounds: Left___ Right___ Cough: occ.___ int.___ freq.___
 ___ Clear___ Non-productive___ Productive___
 ___ Diminished___ Amt. sm___ mod___ lrg___
 ___ Wheezing___ Sputum: frothy___ white___
 ___ Inspiratory___ yellow___ green___
 ___ Expiratory___ bloody___ thick___ thin___
 Other_____

Oxygen: NC___ Mask___ ___ L/min Pulse Oximetry___% Room air___ Oxygen___
Able to TCDB per self? Yes___ No___ Incentive spirometry___ Freq___
Endotracheal tube___ Tracheostomy tube___ Suctioning freq___
Ventilator___ Settings_____

Comments:_____

Select Appropriate NANDA terms:

*Ineffective airway clearance*___ *Risk for aspiration*___ *Ineffective breathing pattern*___
*Impaired gas exchange*___

CARDIOVASCULAR: (Oxygenation Need: Met___ Unmet___)

Apical Pulse___ Reg___ Irreg.___; Radial: strong___ weak___; equal___ unequal___
Pedal : strong___ weak___; equal___ unequal___; assessed with Doppler___
Edema: absent___ present___; location_____
Perfusion of skin: warm___ dry___ diaphoretic___ cool___
Capillary refill: < 3 sec.___ > 3 sec.___ Pacemaker___
Monitor___ Telemetry___ Pattern_____

Comments:_____

Select Appropriate NANDA terms:

*Decreased cardiac output*___ *Ineffective tissue perfusion*___ *Fluid volume excess*___

GASTROINTESTINAL: (Food: Met___ Unmet___; Fluid: Met___ Unmet___;
Elimination: Met___ Unmet___)
Height:___ Weight___ Recent gain/loss___
General appearance: well nourished___ emaciated___ other___
Diet ordered:___ Chewing/swallowing difficulties: yes__ no__
Appetite: Breakfast___% Lunch___% Dinner___%
Abdomen: soft___ firm___ tender___ distended___ expelling flatus___
Bowel sounds: absent___ present___ normoactive___ hypoactive___ hyperactive___
Nausea___ Vomiting___ Diarrhea___ Constipation___ Uses laxatives? yes___ no___
Usual freq. of stools___ Last BM___ Describe___
NG tube___ G-tube___ J-tube___ Feedings: type___ bolus___ cont.___
rate:___ TPN___ Colostomy___ Ileostomy___
IV fluids:Type___ Rate___
Comments:_____

Select Appropriate NANDA terms:

*Constipation___ Diarrhea___ Impaired swallowing___ Nausea___ Imbalanced
nutrition: less than body requirements___ Imbalanced nutrition: more than body
requirements___ Other*_____

GENITOURINARY: (Elimination: Met___ Unmet___; Fluid: Met___ Unmet___)
Last voided___ Describe urine___
Dysuria___ Frequency___ Burning___ Difficulty initiating___ Urgency___ Hematuria___
Catheter: Foley___ Suprapubic___ External___ Ureterostomy___
24 hour: Intake___ Output___
Incontinence: functional___ stress___ total___

Comments:_____

Select Appropriate NANDA term:

*Impaired urinary elimination___ Urinary incontinence, functional___
Urinary Retention___ Fluid volume deficient___ Fluid volume excess___
Other*_____

ACTIVITY/REST: (Rest/Activity: Met___ Unmet___)

Activity Order:___ Needs assist with: ambulating___ elimination___
meals___ hygiene___ dressing___; Sleeps # of hrs. ___ Rested upon
awakening___ Insomnia___ Uses sleeping pills___; Dyspnea with activity___

Comments:_____

Select Appropriate NANDA terms:

Activity intolerance___ Disturbed sleep pattern___ Self-care deficit___ Fatigue___

SKIN AND MUCOUS MEMBRANES: (Physical Safety: Met ___ Unmet ___)

Color of skin: flesh ___ pale ___ flushed ___ cyanotic ___ jaundiced ___
Skin temp: cool ___ warm ___ hot ___ Moisture: dry ___ clammy ___
diaphoretic ___ Integrity: Intact ___ Impaired ___ Location ___
Turgor: good ___ fair ___ poor ___
Mucous membranes: Intact ___ Impaired ___ Describe ___
Pink ___ Pale ___ Moist ___ Dry ___
IV site ___ Insertion date ___ Size ___ Clear ___ Patent ___

PressureUlcer:

Location ___
Describe ___ Stage ___

Wound:

Location: ___ Describe: ___

Comments: _____

Select Appropriate NANDA terms:

Impaired skin integrity ___ *Impaired tissue integrity* ___ *Impaired oral mucous membranes* ___ *Risk for infection* ___

SAFETY: (Physical Safety: Met ___ Unmet ___)

Temperature: ___ Infection present: yes ___ no ___
Immunizations: Childhood: yes ___ no ___ Date of last tetanus ___
Date of last TB test ___
Fall Risk Assessment (High risk for pt. who meets 4 or more criteria):
Over 70 yrs. ___ Confused ___ History of falling ___ Unsteady gait ___ Impaired mobility ___
First day of admission or relocation ___ Sedative or psychotropic meds ___
Comments: _____

Select Appropriate NANDA terms:

Risk for infection ___ *Risk for falls* ___ *Risk for injury* ___

EDUCATION/DISCHARGE PLANNING:

What do you know about your present illness? _____

What information do you want or need about your medications and treatments? _____

Would you like family(significant others) involved in your care? _____

What concerns do you have about leaving the hospital? _____

Patient support person _____

Planned discharge to _____

ASSESSMENT OF PSYCHOSOCIAL DEVELOPMENT (ERIKSON):

Pt.'s age: _____

Erikson's appropriate psychosocial task for this age is _____

Erikson's observed stage for this patient is _____

1. Basic Trust vs. Mistrust _____

5. Identity vs. Confusion _____

2. Autonomy vs. Shame and Doubt _____

6. Intimacy vs. Isolation _____

3. Initiative vs. Guilt _____

7. Generativity vs. Self-absorption _____

4. Industry vs. Inferiority _____

8. Integrity vs. Despair _____

Your assessment of the stage for this patient is: _____ same _____ other. If other, indicate which stage: _____

Using the above information, list nursing interventions to **individualize** your plan of care.

DIAGNOSTIC FINDINGS: (Behind each result indicate **high (H)**, **loss (L)**, or **within normal limits (WNL)**)

1. **Complete Blood Count (CBC):** Date _____

RBC's _____ Hgb _____

WBC's _____ Hct _____

Platelet Count _____

Implication of Results: _____

2. **Urinalysis (UA):** Date _____

Color _____ Ketones _____

Appearance _____ RBC's _____

Sp. gr. _____ WBC's _____

pH _____ Epithelial cells _____

Protein _____ Casts _____

Glucose _____ Crystals _____

Implication of Results: _____

3. **Electrolytes:** Date _____

Chloride _____ Potassium _____

Sodium _____ Magnesium _____

Implication of Results: _____

4. **Arterial Blood Gas Analysis (ABG's):** Date _____

PaO₂ _____ O₂ _____

PaCO₂ _____ HCO₂ _____

PH _____

Implication of Results: _____

5. **Blood Chemistry:** Date_____

Glucose_____ Troponin_____ Myoglobin_____ CK-MB_____ Triglycerides_____

Cholesterol_____ LDL_____ HDL_____ LDL/HDL Ratio_____

Creatinine_____ Blood Urea Nitrogen (BUN)_____ BNP_____ D-Dimer_____

Implication of Results:_____

6. **Other Pertinent Lab:** Date:_____

Implication of Results:_____

7. **Electrocardiogram (EKG):** Date_____

Implication of Results:_____

8. **Chest x-ray:** Date_____

Implication of Results:_____

9. **Other Pertinent x-rays:** Date_____

Implication of Results:_____

10. **Surgery/Pathology Report:** Date_____

Implication of Results:_____



Maslow's Hierarchy of Needs is shown above. The pyramid illustrates the five levels of human needs. The most basic are physiological and safety/security, shown at the base of the pyramid. As one moves to higher levels of the pyramid, the needs become more complex.

Priority **Unmet Needs:**

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

Identify a **Nursing Diagnosis** for Each Problem

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

DRUG Include dosage and frequency of administration	CLASSIFICATION/ACTION	SIDE EFFECTS	NURSING ASSESSMENT/INTERVENTION

PLAN FOR NURSING CARE

Long Term Goal: _____

NURSING DIAGNOSIS(es)	SHORT TERM GOALS	INTERVENTIONS	RATIONALE AND/OR SCIENTIFIC PRINCIPLES INVOLVED	EVALUATION