

Montana Mental Health Nursing Care Center Nursing Physical Assessment

ADMITTED BY: _____ Time: _____ Date: _____

ADMISSION DATE: _____ ADMISSION NUMBER: _____

NAME: _____ ALLERGIES: _____ HT: _____ WT: _____

NEUROLOGICAL: (Circle)

Oriented: _____ Person _____ Place _____ Time _____ Situation _____

Occasionally Disoriented: _____ Person _____ Place _____ Time _____ Situation _____

Disoriented: _____ Person _____ Place _____ Time _____ Situation _____

Alert _____ Co-operative _____ Pleasant _____ Agitated _____ Combative _____ Forgetful _____ Withdrawn _____

HEENT:

HEAD: ***Norma cephalic:*** Yes _____ No _____ Notes: _____

EARS: ***Hearing Impaired:*** Yes _____ No _____ Left _____ Right _____ Both _____
Loss: Yes _____ No _____ Mild _____ Moderate _____ Severe _____
Hearing Aid: Yes _____ No _____ Left _____ Right _____ Both _____

EYES: ***Sclera:*** _____ Pearl _____ Yes _____ No _____
Operative Procedures: _____
Sight: Poor _____ Fair _____ Good _____ Prosthesis _____ Corrective Lenses _____

NOSE: ***Discharge:*** Yes _____ No _____ Character: _____

THROAT: ***Condition of teeth:*** Carious _____ Missing _____ Poor _____ Repair _____
Edentulous: Upper _____ Lower _____ Bridge _____
Oral Mucosa: Lesions _____ Inflammation _____ Bleeding _____

CHEST:

Breath Sounds: _____

Respiratory Rate: _____ Tobacco Use: _____

HISTORY: Dyspnea _____ Cough _____ Orthopnea _____ O2 Use _____ Pneumonia _____ TB _____
Chest Pain _____ Breast Problems & Type _____

CARDIAC:

Heart Rate: _____ B/P: _____ Regular _____ Irregular _____ Other: _____

HISTORY: Chest Pain: MI _____ CABG _____ Valve Replacement _____ Pacemaker _____

GASTROINTESTINAL:

Bowel Tone: Active _____ Hyperactive _____ Absent _____ Alcohol Use: _____
Last BM: _____ Tender: _____ Non-tender: _____ Recent Weight Loss or Gain: _____

HISTORY: Operations Gall Bladder _____ Stomach Surgery _____ Bowel Surgery _____
Obstruction _____ Abdominal Pain _____ Constipation/Diarrhea _____

GENITOURINARY:

Continent Incontinent Dribbles
Recent Changes in Habit or Continency:

Catheter: _____ Duration: _____ Urine Character: _____

HISTORY: Kidney Problems Prostate Surgery Ovarian Surgery
 Hysterectomy Bladder Infections

MUSCULOSKELETAL:

Muscle Weakness: _____

Skeletal Alterations: _____

Range of Motion: _____

Recent Falls: _____

Contractures: _____

HISTORY: Operations: _____ Stroke Amputations Prosthesis
 Dominant Side: Right Left

VACCINATIONS: Flu: _____ PPD: _____ Pneumovax: _____ Hepatitis: _____

INTEGUMENTARY:

Skin Color: _____ Examine Oral Mucosa, Nail Beds, Lips Palms or Hands

Notes: _____

Skin Character: Dry Cracked Flaking Bruised Rough Moisture
Temperature: Hot Warm Cool Cold
Decubiti/Location: State: I, II, III, or IV:

Stage I: Inflammation or redness of the skin.

Stage II: Superficial skin break with redness of surrounding area

Stage III: Skin break with deep tissue involvement

Stage IV: Skin break with deep tissue involvement with necrotic tissue present.

Date	Time	NARRATIVE CHARTING