

MEDICAL RECORD - NURSING HISTORY AND ASSESSMENT

For use of this form, see AR 40-407; the proponent agency is the OTSG.

1. Date and Time of Admission.	2. Admission Diagnosis.						
	YES	NO	Patient's own words when possible.				
3. Tell me what you know about your illness/injury/hospitalization.							
4. Do you have any other health problems?							
5. Have you been hospitalized before? If so, when and for what?							
6. What medications have you been taking? (to include prescription and over-the-counter drugs) For how long?							
7. Are you allergic to <u>anything</u> ? If so, what? What reaction?							
8. Do you have any special needs that require assistance with daily activities? (e.g. diet, eating, bathing, elimination, ambulating, sleeping.) Prosthetics: dentures, reading glasses, contacts.							
9. What other concerns do you have?							
10. How can we be most helpful?							
11. Name of Local Contact/NOK.	12. Relationship.				13. Telephone Number.		
14. Interviewer's Signature, Rank & Title.					15. Informant/Relationship.		
16. Patient Identification.			17. Personal Articles and Valuables. <i>(Indicate disposition of each item by initials.)</i>				
			Item:	Bedside	Home	Treasurer	Other <i>(specify)</i>

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18. Additional Assessment Data.

Admission: TPR BP WT HT

(This area is intentionally left blank for additional assessment data.)

19. Typed or Printed Name of RN.

20. Signature of RN and Date/Time

ASSESSMENT CATEGORIES:

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| <p>1. Growth and Development</p> <p>2. Neurological</p> <p> a) Orientation</p> <p> b) Level of Consciousness: alert, drowsy, lethargic, comatose; responses: to verbal and painful stimuli; ability to follow commands; reflexes.</p> <p> c) Describe abnormalities</p> <p>3. Eyes, Ears, Nose, and Throat</p> <p> a) Eyes: Pupils, vision</p> <p> b) Ears: Hearing, drainage</p> <p> c) Rhinorrhea, nasal surgery/trauma</p> <p> d) Throat: Sore, difficulty swallowing, appearance on inspection, lymph nodes</p> <p> e) Describe abnormalities</p> <p>4. Cardiovascular</p> <p> a) Skin: Color, temp, turgor, moisture</p> <p> b) Peripheral Circulation: Pulses, edema, extremities</p> <p> c) IV's: Contents of bottle hanging, bottle number, condition of site</p> | <p>d) Pain: Location, radiation, duration, e) Intrathoracic tubes and/or dressing</p> <p>5. Pulmonary</p> <p> a) Respirations: Rate, regularity, effectiveness, depth, use of accessory muscles, nocturnal/external dyspnea. Chest movement associated with respirations</p> <p> b) Breath sounds: Clear to auscultation, Rales, Rhonchi, Wheezes, etc.</p> <p> c) Oxygen: Percent given, liters/min, method of administration continuous or PRN</p> <p> d) Cough, sputum, suctioning</p> <p>6. Gastrointestinal</p> <p> a) Abdominal: Auscultation (bowel sounds present), palpitation, abdominal girth measurement (if applicable)</p> <p> b) Dressings and/or drains</p> <p>7. Genitourinary</p> <p> a) Urination: Continence, pattern change</p> | <p>b) Female: Vaginal Discharge, LMP, last PAP smear (if applicable) etc.</p> <p>c) Male: Abnormal discharge, swelling, pain</p> <p>8. Integumentary</p> <p> a) Lesions, pressure points, contractures</p> <p> b) Color, moisture, edema, turgor, change in pigmentation</p> <p>9. Musculoskeletal</p> <p> a) Movement Purposeful/Non-purposeful, ROM, muscle strength, level of usual activity</p> <p> b) Foot care (as applicable), TED hose</p> <p>10. Psycho-Social</p> <p> a) Adjustment to hospitalization and illness, manner, mood, behavior, relation to persons around them</p> <p>REFERENCE: DA Pam 40-5
 AMEDD Stds of Nursing Practice</p> |
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