

Due Date: 2nd Clinical Day

Date: _____

Code Status: _____ Admission Date: _____

Pain (0-10 Scale): _____ Location: _____ Description: _____

Pain (0-10 Scale): _____ Location: _____ Description: _____

[illegible]

Drug Name	Classification	Route	Dose	Times	Indication

DIAGNOSTIC TESTS:

Abnormal Test(s)	Test Date	Test Result	Reference Range	Possible Implications of abnormality

LIST TREATMENTS, PROCEDURES, TESTS, AND CONSULTS THAT ARE SCHEDULED:

DAY 1:

ASSESSMENT

TIME: _____

- ☐ Wash Hands
- ☐ Introduction
- ☐ Provide Privacy

Vital Signs

*Document on pg. 1

Pain Assessment

Are you feeling any pain? ☐ Yes ☐ No

Where is the pain? _____

How long has it lasted? _____

Does the pain travel anywhere? _____

What makes it feel better? _____

Describe pain: ☐ Sharp ☐ Stabbing ☐ Dull

Rate on a scale of 1- 10, with 10 being worst _____

Orientation

What year is this? _____

What is your name? _____

Tell me where you are _____

Tell me why you are here _____

Pupil check (PERRLA)

Pupils equal, round, reactive to light

☐ Normal ☐ No change ☐ Brisk ☐ Sluggish

Accommodation ☐ Yes ☐ No

Heart Tones

Assess apical pulse with stethoscope

Rate _____ Rhythm _____

Brady? _____ Tachy? _____

Bilateral Checks

Radial pulses - Rate, Strength, Regularity

Right _____ Left _____

Hand Strength - 2 fingers only

☐ Right stronger ☐ Left stronger ☐ Equal

Pedal pulses - Top of foot

Right foot _____ Left foot _____

Capillary refill - On fingers or toes - 3 seconds or less

Right fingers _____ sec. Left fingers _____ sec.

Delay or abnormal refill? ☐ Yes _____

Skin

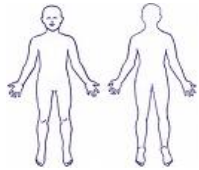
Skin Turgor – (Normal result 1-3 second return on sternum)

Return: ☐ Normal _____ sec. ☐ Abnormal _____ sec.

Color: ☐ Pink ☐ Pale ☐ Jaundiced ☐ Cyanotic

Skin temperature - Use back of hand to check

☐ Hot ☐ Warm ☐ Cool ☐ Dry ☐ Moist



Skin breakdown (location and description): _____

Breath Sounds

Assess anterior and posterior and compare side to side.

Have patient take deep breaths, move stethoscope slowly to avoid patient hyperventilation.

☐ Clear bilaterally ☐ Abnormal left ☐ Abnormal right

Explain abnormality: _____

☐ Good air flow ☐ Poor air flow

Oxygen: _____

Bowel Sounds

Assess all 4 quadrants - do not palpate before auscultation - this may disrupt bowel sounds. If irregular, assess each quadrant for 5 minutes. Umbilicus is midpoint.

Abdomen: ☐ Soft ☐ Tender ☐ Distended

RUQ: ☐ Active ☐ Hyper ☐ Hypo ☐ Absent

RLQ: ☐ Active ☐ Hyper ☐ Hypo ☐ Absent

LUQ: ☐ Active ☐ Hyper ☐ Hypo ☐ Absent

LLQ: ☐ Active ☐ Hyper ☐ Hypo ☐ Absent

Peripheral Edema

Check with finger by pressing down on affected area. Observe for pitting or indentation.

Feet/ankles ☐ Yes ☐ No ☐ Pitting? _____

Hands ☐ Yes ☐ No ☐ Pitting? _____

Sacrum ☐ Yes ☐ No ☐ Pitting? _____

Output

Urinary: ☐ Continent ☐ Incontinent ☐ Catheter

Color: _____

Stool: ☐ Soft-formed ☐ Hard ☐ Diarrhea ☐ Constipation

Color: _____

Date of last Bowel Movement: _____

Mobility

☐ Moves all extremities

☐ No functional limitations

☐ Weakness. Location: _____

☐ Impaired gait

Closure

Let the patient know you are finished, ask if he needs anything and let him know when you will check on him.

☐ Bedrails up

☐ Bed in low position

☐ Call light within reach

☐ Wash hands

- ☐ Oral/Denture Care
- ☐ Bed Bath/ Shower
- ☐ Linen Change
- ☐ Repositioning/turning
- ☐ Answer call light
- ☐ Other

Signature: _____

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DAY 2:

ASSESSMENT

TIME: _____

- ☐ **Wash Hands**
- ☐ **Introduction**
- ☐ **Provide Privacy**

Vital Signs

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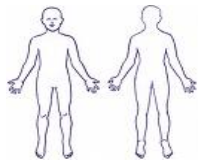
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By signing below, the Instructor/Staff verifies that all patient care was completed prior to the student leaving the facility.

CHARTING:

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