# ADMISSION NURSING ASSESSMENT

## SHORT-STAY FORM

### Data:
- **DATE:**  
- **TIME:**  
- **AGE:**  
- **WEIGHT:**  

### Measurements:
- **TEMP:**  
- **PULSE:**  
- **RESP:**  
- **BP:**  
- **APICAL:**  

### Diagnoses:
- **ADMISSION DIAGNOSIS:**  
- **SECONDARY DIAGNOSIS:**  

### Allergies:

### Diet:

### Special Dietary Needs:

### Current Medications:

### Special Nursing Considerations:
- **ADVANCE DIRECTIVE**  
  - Yes  
  - No  
  - Copy on Chart

- **Hearing Deficit:**  
- **Language Barrier:**  

- **Visual Deficit:**  
- **Mental Confusion:**  

- **Weakness, Paralysis:**  
- **Bracelet Checked:**  

- **Arthritic:**  

- **Amputee:**  

### Procedure/Event Log:

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PROCEDURE/EVENT</th>
<th>NURSES' PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# SHORT STAY FORM

## CHIEF COMPLAINT:

## OTHER:

## HISTORY:

## IMPRESSION:

Signature ________________________________  M.D.

Date: __________________

## DATE OF SURGERY/PROCEDURE:

## OPERATION/PROCEDURE:

## CURRENT MEDICATIONS:

## Surgeon: ________________________________  M.D.

## Anesthesiologist: ________________________

## ALLERGIES:

## COMPLICATIONS:

## PHYSICAL EXAMINATION:

Temp:  B.P.:  RESP:  P:

General:

EENT:

Breasts:

Respiratory:

Cardiovascular:

Abdomen:

Neurological:

Extremities:

## POSTOPERATIVE CONDITION:

## PROGRESS/DISCHARGE NOTES:

Signature: ________________________________  M.D.

Date: __________________