UNIVERSITY MEDICAL CENTER

NURSE'S ASSESSMENT RECORD PEDIATRIC SERVICES

AFFIX PATIENT INFO LABEL HERE

Date: _____

Patient Name _____ MR# _____

INITIAL SHIFT ASSESSMENT	
LOC/NEURO	❑ AAO x 3/Appropriate for age ❑ Easily Aroused ❑ Other:
	❑ Paralytic Agent: ❑ Sedation:
	❑ Fontanelle: ❑ H.C.: _____ ❑ Neuro EVD Level:
	❑ Cough: ❑ Present ❑ Absent ❑ Gag: ❑ Present ❑ Absent ❑ Swallow: ❑ Present ❑ Absent
PAIN See Flow Sheet for Pain Intensity/Score	❑ Denies pain and/or no signs/symptoms
	Location:
	Describe:
	❑ Continuous Pain Med:
RESPIRATIONS	❑ Even/Unlabored ❑ Retractions:
	❑ Other:
	❑ Room Air ❑ Oxygen: See Flow Sheet ❑ Ventilator: See Flow Sheet ❑ ETT/Trach Size:
BREATH SOUNDS LEFT	❑ Clear ❑ Other:
BREATH SOUNDS RIGHT	❑ Clear ❑ Other:
SECRETIONS	
HEART SOUNDS/CARDIOVASCULAR	❑ Regular ❑ Irregular ❑ Pulses Palpable x 4 ❑ Capillary Refill:_____ ❑ Rhythm:_____
	❑ Cardiac Infusions:
	❑ Other:
EDEMA ❑ N/A	
ABDOMEN	❑ Soft ❑ Non-tender ❑ Non-distended ❑ Distended ❑ Firm ❑ Abd Girth: _____
BOWEL SOUNDS	❑ + X 4 quadrants ❑ Hypoactive ❑ Hyperactive ❑ Absent
SKIN	Color: ❑ Warm/Dry ❑ Integrity Intact
	❑ Other:
DRESSING ❑ N/A	
MUCOUS MEMBRANES	❑ Pink/Moist ❑ Other:
TUBES/DRAINS ❑ N/A	❑ NGT:
	❑ GT/JT:
	❑ Foley:
	❑ Chest Tube:
	❑ Other:
IV ACCESS ❑ N/A	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
ARTERIAL LINE ❑ N/A	Site: ❑ Dressing dry/intact Waveform:
CVP ❑ N/A	Site: ❑ Dressing dry/intact Waveform:
OTHER:	
MONITORING ❑ N/A	❑ Unit based cardiac monitor on/HR Alarm Limits Set at (/) ❑ Pulse oximeter on/Low Alarm Set at ( )
ENVIRONMENTAL	❑ Blood pressure on/Systolic Alarm Limits Set at (/) ❑ VEEG
	❑ ID Bracelet ❑ Ambu Bag ❑ Code Sheet ❑ Suction Setup ❑ Oxygen Setup ❑ Call Bell
	❑ Side/Crib Rails Up ❑ Seizure Precaution ❑ Restraints (see restraint flow sheet) ❑ Chest Tube Precaution ❑ Extra ETT/Trach
	❑ Isolation:
	Signature: Shift:

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ **MR#** _____

INITIAL SHIFT ASSESSMENT	
LOC/NEURO	❑ AAO x 3/Appropriate for age ❑ Easily Aroused ❑ Other:
	❑ Paralytic Agent: ❑ Sedation:
	❑ Fontanelle: ❑ H.C.: _____ ❑ Neuro EVD Level:
	❑ Cough: ❑ Present ❑ Absent ❑ Gag: ❑ Present ❑ Absent ❑ Swallow: ❑ Present ❑ Absent
PAIN See Flow Sheet for Pain Intensity/Score	❑ Denies pain and/or no signs/symptoms
	Location:
	Describe:
	❑ Continuous Pain Med:
RESPIRATIONS	❑ Even/Unlabored ❑ Retractions:
	❑ Other:
	❑ Room Air ❑ Oxygen: See Flow Sheet ❑ Ventilator: See Flow Sheet ❑ ETT/Trach Size:
BREATH SOUNDS LEFT	❑ Clear ❑ Other:
BREATH SOUNDS RIGHT	❑ Clear ❑ Other:
SECRETIONS	
HEART SOUNDS/CARDIOVASCULAR	❑ Regular ❑ Irregular ❑ Pulses Palpable x 4 ❑ Capillary Refill:_____ ❑ Rhythm:_____
	❑ Cardiac Infusions:
	❑ Other:
EDEMA ❑ N/A	
ABDOMEN	❑ Soft ❑ Non-tender ❑ Non-distended ❑ Distended ❑ Firm ❑ Abd Girth: _____
BOWEL SOUNDS	❑ + X 4 quadrants ❑ Hypoactive ❑ Hyperactive ❑ Absent
SKIN	Color: ❑ Warm/Dry ❑ Integrity Intact
	❑ Other:
DRESSING ❑ N/A	
MUCOUS MEMBRANES	❑ Pink/Moist ❑ Other:
TUBES/DRAINS ❑ N/A	❑ NGT:
	❑ GT/JT:
	❑ Foley:
	❑ Chest Tube:
	❑ Other:
IV ACCESS ❑ N/A	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
ARTERIAL LINE ❑ N/A	Site: ❑ Dressing dry/intact Waveform:
CVP ❑ N/A	Site: ❑ Dressing dry/intact Waveform:
OTHER:	
MONITORING ❑ N/A	❑ Unit based cardiac monitor on/HR Alarm Limits Set at (/) ❑ Pulse oximeter on/Low Alarm Set at ( )
ENVIRONMENTAL	❑ Blood pressure on/Systolic Alarm Limits Set at (/) ❑ VEEG
	❑ ID Bracelet ❑ Ambu Bag ❑ Code Sheet ❑ Suction Setup ❑ Oxygen Setup ❑ Call Bell
	❑ Side/Crib Rails Up ❑ Seizure Precaution ❑ Restraints (see restraint flow sheet) ❑ Chest Tube Precaution ❑ Extra ETT/Trach
	❑ Isolation:
	Signature: Shift:

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

INITIAL SHIFT ASSESSMENT	
LOC/NEURO	❑ AAO x 3/Appropriate for age ❑ Easily Aroused ❑ Other:
	❑ Paralytic Agent: ❑ Sedation:
	❑ Fontanelle: ❑ H.C.: _____ ❑ Neuro EVD Level:
	❑ Cough: ❑ Present ❑ Absent ❑ Gag: ❑ Present ❑ Absent ❑ Swallow: ❑ Present ❑ Absent
PAIN See Flow Sheet for Pain Intensity/Score	❑ Denies pain and/or no signs/symptoms
	Location:
	Describe:
	❑ Continuous Pain Med:
RESPIRATIONS	❑ Even/Unlabored ❑ Retractions:
	❑ Other:
	❑ Room Air ❑ Oxygen: See Flow Sheet ❑ Ventilator: See Flow Sheet ❑ ETT/Trach Size:
BREATH SOUNDS LEFT	❑ Clear ❑ Other:
BREATH SOUNDS RIGHT	❑ Clear ❑ Other:
SECRETIONS	
HEART SOUNDS/CARDIOVASCULAR	❑ Regular ❑ Irregular ❑ Pulses Palpable x 4 ❑ Capillary Refill:_____ ❑ Rhythm:_____
	❑ Cardiac Infusions:
	❑ Other:
EDEMA ❑ N/A	
ABDOMEN	❑ Soft ❑ Non-tender ❑ Non-distended ❑ Distended ❑ Firm ❑ Abd Girth: _____
BOWEL SOUNDS	❑ + X 4 quadrants ❑ Hypoactive ❑ Hyperactive ❑ Absent
SKIN	Color: ❑ Warm/Dry ❑ Integrity Intact
	❑ Other:
DRESSING ❑ N/A	
MUCOUS MEMBRANES	❑ Pink/Moist ❑ Other:
TUBES/DRAINS ❑ N/A	❑ NGT:
	❑ GT/JT:
	❑ Foley:
	❑ Chest Tube:
	❑ Other:
IV ACCESS ❑ N/A	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
	Site: ❑ Dressing dry/intact
ARTERIAL LINE ❑ N/A	Site: ❑ Dressing dry/intact Waveform:
CVP ❑ N/A	Site: ❑ Dressing dry/intact Waveform:
OTHER:	
MONITORING ❑ N/A	❑ Unit based cardiac monitor on/HR Alarm Limits Set at (/) ❑ Pulse oximeter on/Low Alarm Set at ( )
ENVIRONMENTAL	❑ Blood pressure on/Systolic Alarm Limits Set at (/) ❑ VEEG
	❑ ID Bracelet ❑ Ambu Bag ❑ Code Sheet ❑ Suction Setup ❑ Oxygen Setup ❑ Call Bell
	❑ Side/Crib Rails Up ❑ Seizure Precaution ❑ Restraints (see restraint flow sheet) ❑ Chest Tube Precaution ❑ Extra ETT/Trach
	❑ Isolation:
	Signature: Shift:

AFFIX PATIENT INFO LABEL HERE

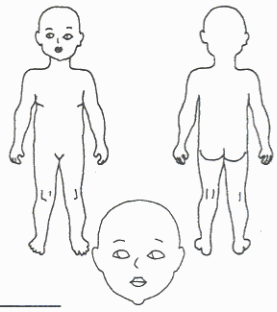
Patient Name _____ MR# _____

PAIN ASSESSMENT

TO BE COMPLETED FOR ANY CHANGE IN PAIN OR NEW EPISODE OF PAIN WITH A PAIN INTENSITY SCORE ≥ 3 on the NIPS or ≥ 4 on OTHER SCALES

Informant _____

LOCATION OF PAIN: Mark site with letter A or B if more than one site



PAIN SITE: Location of Pain _____ Appearance of Site _____

Pain Intensity when worst pain felt _____ ❒ Unknown by informant

When least pain felt _____ ❒ Unknown by informant

Qualities (ache, dull, burn, sharp, etc.) _____ ❒ Unknown by informant

ONSET/DURATION: When did the pain begin? _____

How long is the pain episode? _____

Is it constant or does it come and go? _____ Does the pain radiate? If yes, where _____

What relieves the pain? _____ What causes or increases the pain? _____

What accompanies the pain? (dizziness, nausea, anxiety, etc.) _____ ❒ Unknown by informant

Date / Time Assessment Done _____ By _____ RN

MORSE FALL SCALE

REASSESS DAILY AND UPON TRANSFER TO ANOTHER UNIT, CHANGE IN STATUS OR FOLLOWING A FALL

Reason for Assessment: ❒ Daily ❒ Transfer ❒ Change in Status ❒ Following a fall

History of Falls	❒ Yes ❒ No	25 0
Secondary Diagnosis	❒ Yes ❒ No	15 0
Ambulatory Aid	❒ Furniture ❒ Crutch/Cane/Walker ❒ None/Bedrest/Wheelchair/Nurse	30 15 0
IV/Saline Lock	❒ Yes ❒ No	20 0

Gait Transferring	❒ Impaired ❒ Weak ❒ Normal/Bedrest/Immobile	20 10 0
Mental Status	❒ Forgets Limitations ❒ Oriented to Own Ability	15 0
	TOTAL	

Low Risk 0-24 Moderate Risk 25-50 High Risk ≥ 51

Date/Time Assessment Done:

By: RN

If High Risk, place referral to PT for an evaluation/screen. Use ICD for developmental or neurological issues, use Physical Medicine and Rehab for all others.

DAILY PROTOCOL LOG

Protocols (Initial all that apply)	D	E	N	Protocols (Initial all that apply)	D	E	N
Fall/Injury Prevention				Perioperative			
Hygiene/Comfort				Pain Management			
Central Line				Sucrose			
Peripheral IV				Blood/Blood Component Transfusion			
IV Fluid				Oxygen Management			
Suicide/Self Injury				Restraint/Seclusion			

Signature _____ *RN*
DAYS

Signature _____ *RN*
EVENINGS

Signature _____ *RN*
NIGHTS