Date: Time:

Initial Administration Assessment

SECTION 1: GENERAL APPEARANCE (RN)

General Appearance
☐ Groomed ☐ Unkept ☐ Unexplained Bruises/Trauma[1,14]
Tongue: ☐ Moist ☐ Dry ☐ Open/Cracked ☐ Lesions
Lips: ☐ Moist ☐ Dry ☐ Open/Cracked ☐ Lesions
Dental Status: ☐ WNL Problems: ____________ ☐ No Problems Noted

Skin
☐ Warm ☐ Moist ☐ Cool ☐ Reddened Areas
☐ Cold ☐ Rash/Lesions ☐ Hot ☐ Scaly/Peeling
☐ Clammy ☐ Itching ☐ Dry Describe: ____________
PRESSURE ULCER RISK ASSESSMENT AND INTERVENTIONS ON FLOWSHEET NOTE.
Initiated: ☐ Yes ☐ No

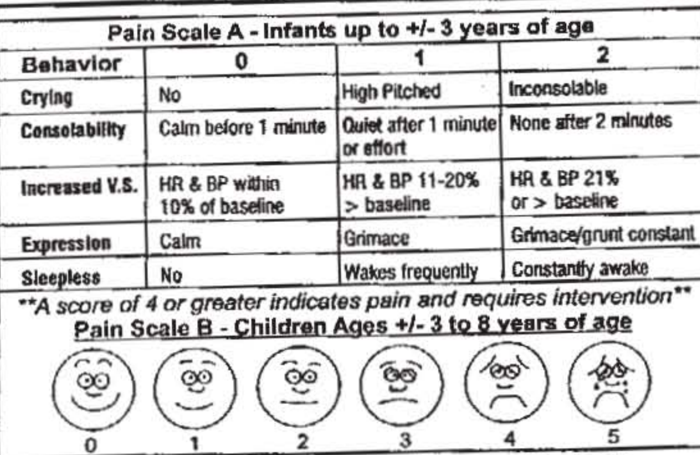
Psychosocial/Emotional
☐ Calm/Cooperative ☐ Depressed[1,14] ☐ Mental Impairment[1] ☐ Stressed with Impact of Illness[1,14]
☐ Agitated/Restless ☐ Anxiety Present[1] ☐ Spiritual Concern[14] ☐ Suicide Attempt/Drug Overdose[1]
☐ Wandering ☐ Uncooperative ☐ Hallucinations[1] ☐ No Problems Noted

SECTION 2: PAIN (RN)

Pain: ☐ Yes ☐ No Location: ____________ Duration: ____________
Type: ☐ Sharp ☐ Dull ☐ Aching ☐ Constant ☐ Intermittent ☐ Radiates
☐ Acute ☐ Chronic/Uncontrolled6,10 ☐ Other: ____________ Type: ____________
Rate (0 - 10 Scale): (None) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (Worse) Pain Rating, >5[6]
What Aggravates ?: ____________

What Alleviates ?: ____________

☐ No Problems Noted
Worse in: ☐ AM ☐ PM ☐ Other



Pain Scale A - Infants up to +/- 3 years of age

Behavior	0	1	2
Crying	No	High Pitched	Inconsolable
Consolability	Calm before 1 minute	Quiet after 1 minute or effort	None after 2 minutes
Increased V.S.	HR & BP within 10% of baseline	HR & BP 11-20% > baseline	HR & BP 21% or > baseline
Expression	Calm	Grimace	Grimace/grunt constant
Sleepless	No	Wakes frequently	Constantly awake

A score of 4 or greater indicates pain and requires intervention

Pain Scale B - Children Ages +/- 3 to 8 years of age

Pain Scale C - Patient's perception ages 8 to Adult

0 = No pain
1-3 = Slight discomfort, moves without help
4-5 = Medium discomfort, hesitant movement
7-9 = Severe pain, strained expression, will not move
10 = Very severe pain, writhing or sweating, HR, BP

Schmid Fall Risk Tool

Directions: Score each of the 5 areas relating to patient's current status. Total score at the bottom
Score only one item in each of the 5 categories

Mobility (observation preferable to patient self report)
___ (0 points) Ambulates with no gait disturbance
___ (1 point) Ambulates or transfers with assistance (includes use of furniture or people for support or balance)
___ (1 point) Ambulates with unsteady gait and no assistance
___ (0 points) Unable to ambulate or transfer

Mentation
___ (0 points) Alert, oriented x 3
___ (1 point) Periodic confusion (includes self report of memory problems)
___ (1 point) Confusion at all time
___ (1 point) Comatose / unresponsive

Elimination
___ (0 points) Independent in elimination
___ (1 point) Independent with frequency or diarrhea
___ (1 point) Needs assistance with toileting
___ (1 point) Incontinence *(includes foley catheter)*

Prior Fall History (question patient and/or family)
___ (1 point) Yes - before admission in last year (home or previous inpatient care)
___ (2 points) Yes - during this admission Date: ________
___ (0 points) No
___ (0 points) Unknown

Current medications
___ (1 point) Anticonvulsions/tranquilizers or psychotropics/hypnotics

___ **Total Points**
Score of 3 or above: patient is at high risk for falls
*****IMPLEMENT HIGH RISK FALL PREVENTION INTERVENTIONS*****

Yes___ No___ ***Impaired Judgement / lack of safety awareness*** - needs assistance to transfer to get out of bed but still reports independence; needs walker or cane/ crutches to ambulate but continues to use furniture to stabilize.
If marked *Yes* patient is at high risk for falls
*****IMPLEMENT HIGH RISK FALL PREVENTION INTERVENTIONS*****

SECTION 3: PATIENT EDUCATION (RN)

Learning Barriers
☐ Speech ☐ Language
☐ Hearing ☐ Emotional
☐ Cognitive ☐ Anxiety ☐ mild ☐ mod ☐ severe
☐ Poor Motivation ☐ Memory Loss
☐ Difficulty With Reading ☐ No Participating Care Givers
☐ Impaired Vision ☐ Physiologically Unable To Learn
☐ No Barriers Noted

Learning Style: (what/how patient likes to learn?)
☐ Reading ☐ Pictures
☐ Listening ☐ Demonstration
Educational Level: ____________

Potential Learning Needs
☐ Disease Process ☐ Treatment/Procedures
☐ Medications ☐ Nutrition ☐ Other: ____________

SECTION 4: NURSING PROCESS (RN)

☐ Patient Problem Statement Identified: ____________
☐ Clinical Pathway(s): ____________
RN Signature: Date: Time:

Patient Identification

Hospital
DEPARTMENTS OF NURSING
Admission Assessment

6600-108 (03/05)

RESPIRATORY

☐ Chest Tubes ☐ Congestion3
☐ Aspiration Risk3,9 ☐ Tracheostomy3
☐ Productive Cough3 Secretions: ______
☐ Mechanical Ventilation[2,3]

Respirations:
☐ Regular
☐ Irregular
☐ Shallow
☐ Labored/SOB3
☐ Hyperventilation
☐ (↑ rate and ↑ depth)
☐ Cheyne Stokes
☐ Other ______

Breath Sounds:

	L	R
Clear	☐	☐
Rales/Crackles	☐	☐
Wheezes3	☐	☐
Decreased	☐	☐
Absent3	☐	☐

☐ No Problems Noted

CARDIOVASCULAR:

☐ Chest Pain ☐ Jugular Vein Distension

Heart Sounds: ☐ Regular ☐ Irregular ☐ Murmur ☐ S3 ☐ S4

Pulses:		Radial	Pedal	Post Tibial
Absent		☐ L ☐ R	☐ L ☐ R	☐ L ☐ R
Doppler		☐ L ☐ R	☐ L ☐ R	☐ L ☐ R
Intermittent	1+	☐ L ☐ R	☐ L ☐ R	☐ L ☐ R
Normal	2+	☐ L ☐ R	☐ L ☐ R	☐ L ☐ R
Full	3+	☐ L ☐ R	☐ L ☐ R	☐ L ☐ R
Bounding	4+	☐ L ☐ R	☐ L ☐ R	☐ L ☐ R

Color: ☐ Normal ☐ Flushed ☐ Pale ☐ Cyanotic ☐ Jaundiced

IV Ports: ☐ Yes13 ☐ No Type: ______
☐ Location: ______
☐ Edema: Location: ______
IV Sites: Peripheral: ______
Central: ______

☐ No Problems Noted

GASTROINTESTINAL

Abdomen: ☐ Flat ☐ Soft ☐ Distended ☐ Firm ☐ Large ☐ Rigid ☐ Tender

Bowel Sounds: ☐ Normal ☐ Hypo ☐ Hyper ☐ Absent

Ostomy[5]: ☐ Colostomy ☐ Ileostomy ☐ Jejunostomy ☐ Stents

Feeding Tube[2]: ☐ NG ☐ G-Tube/J-Tube

☐ Nausea ☐ Dysphagias
☐ Vomiting ☐ Difficulty Chewing
☐ Constipation ☐ Acute ☐ Chronic
☐ Diarrhea > 5 days

☐ No Problems Noted

Genital/Urinary

☐ Voids on Own ☐ Frequency ☐ Urgency
☐ Burning on Urination ☐ Incontinence ☐ Odor ☐ Color
☐ Foley Date Inserted: ______ Size: ______

Dialysis Access: Type: ______
Location: ______
Thrill: ☐ Strong ☐ Weak ☐ Absent
Bruit: ☐ Strong ☐ Weak ☐ Absent

Ostomy[5]:** ☐ Urostomy ☐ Nephrostomy ☐ No Problems Noted

REPRODUCTIVE

☐ Itching ☐ Bleeding ☐ LNMP: ______
☐ Pregnant ______ Weeks ☐ Uterine Contractions
☐ Fetal Heart Tone: ☐ Yes ☐ No Rate: ______
☐ Currently Breast Feeding[10]
☐ Post Menopausal ☐ Hysterectomy ☐ N/A

☐ No Problems Noted

Pap Smear: ☐ Request Form Completed
If Desired, Attending Physician/PA Notified? ☐ yes ☐ no

NEUROLOGICAL:

Consciousness:	Orientation:	Tingling/Numbness/Weakness	
☐ Alert	☐ Person	☐ Right Arm	☐ Moves All Extremities
☐ Lethargic	☐ Place	☐ Left Arm	
☐ Comatose	☐ Time	☐ Right Leg	
☐ Confused	☐ No Response	☐ Left Leg	

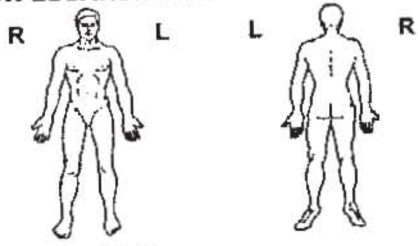
☐ Other ______

☐ Neurological Assessment Initiated ☐ No Problems Noted

WOUNDS[2,5]

Location (Number)						
Size (cm) Length						
Width						
Depth						
Level						
Appearance						
Drainage						
Dressing						
Pressure Relief						

SHOW LOCATION WITH NUMBER



☐ No Wounds Noted

Note: ALL dressings must be removed and wounds completely assessed.
ALL Pressure Wounds, including Stage I, are to be documented.

Drainage: S = serous SS = sero-sanguinous BL = bloody P = purulent
O = odorous D = dry

Dressing: C = cream G = gauze F = Film HC = hydrocolloid
H = hydrogel A = alginates FO = foam O = other

Pressure Relief: H = heels↑ SC = seat cushion HC = head cushion
A = air overlay SB = special order surface/bed

Level: Partial Thickness > Stage I, Stage II
Full Thickness > Stage III, Stage IV

Appearance: I = intact E = erythema R = red/granulation
Y = yellow/slough B = black/necrosis ES = eschar

SECTION 5: REFERRALS (RN)

****Obtain Physician's Order for Consultation**

☐ No Referrals Noted

		ORDER #	Init
☐ 1.	Case Management/Psych		
☐ 2.	Nutritional Services		
☐ 3.	Respiratory		
☐ 4. **	Rehab Medicine / OT		
☐ 5. **	ET/Wound Management		
☐ 6.	Pain Management		
☐ 7.	Diabetes		

		ORDER #	Init
☐ 8.	Cardiology		
☐ 9.**	Speech Therapy		
☐ 10.	Lactation Consultant		
☐ 11.	Clinical Pharm.		
☐ 12.	IV Therapy		
☐ 13.	Patient Relations		
☐ 14.	Pastoral Care		
☐ 15.	Cultural Liaison		

RN SIGNATURE: ______ **DATE:** ______ **TIME:** ______