

KEY  
N/A - Not Applicable

NIC – Not in Chart

UTD – Unable to Determine

∅ - None

KINGSBOROUGH COMMUNITY COLLEGE  
DEPARTMENT OF NURSING

**PEDIATRIC**

**NURSING ASSESSMENT**

STUDENT \_\_\_\_\_

CLIENT INITIALS \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

ROOM NO \_\_\_\_\_

AGENCY/SECTION \_\_\_\_\_

DATES OF CARE \_\_\_\_\_

**DIRECTIONS:** Please fill in each line/space. Nothing should be left blank.

**DATA COLLECTION: HISTORY & HEALTH ASSESSMENT**

**PRESENT ILLNESS** - Chief Complaint (Admission date, reason for seeking care, pt. explanation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HISTORY OF PRESENT ILLNESS** - (When started, description of problem, location, character, severity, timing, aggravating or relieving factors, associated factors, client's perception of what the symptom means)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL DIAGNOSIS:** \_\_\_\_\_

**CONCURRENT HEALTH PROBLEMS:** \_\_\_\_\_

**PAST MEDICAL HISTORY:**

Childhood Illness \_\_\_\_\_

Infectious Diseases \_\_\_\_\_

Immunizations (Childhood, Hep B, Influenza, Pneumococcal, last Tetanus & TB test) \_\_\_\_\_

Prior Hospitalizations (Reason, Treatment, Length of Stay)

\_\_\_\_\_  
\_\_\_\_\_

History of: Anemia, Asthma, Cancer, Cardiac Disease, CVA (stroke) Diabetes Mellitus, Emphysema, Kidney Disease, Falls, Fractures, Genetic Disease, Hepatitis, Hypertension, Mental Illness, Sexually Transmitted Diseases, Tuberculosis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST SURGICAL HISTORY:** (Type, Date, Place, Length of Stay)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSFUSIONS** (Dates) \_\_\_\_\_ **REACTIONS** (Describe) \_\_\_\_\_

**MEDICATIONS PRIOR TO ADMISSION:** (Prescribed, Over the Counter, Vitamins, Herbs, dose and frequency)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:**

**Medications:** \_\_\_\_\_  
\_\_\_\_\_

Reactions \_\_\_\_\_

**DRUG USE:** Tobacco - # packs/day \_\_\_\_\_ # years used \_\_\_\_\_ Alcohol Use - type/amount \_\_\_ frequency \_\_\_

Recreational Drugs - \_\_\_\_\_ frequency \_\_\_\_\_ IVDA - frequency \_\_\_\_\_ sharing needles \_\_\_\_\_

**FAMILY HISTORY:** ( Illness in family, mother, father, siblings)

\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL HISTORY:** Language Spoken \_\_\_\_\_ Major loss/change in past year \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Developmental Level: \_\_\_\_\_ Role/Position in Family: \_\_\_\_\_

Family Constellations (#, Ages): \_\_\_\_\_ Support System: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religious beliefs/practices : \_\_\_\_\_

Cultural/Ethic Background: \_\_\_\_\_ Pertinent Cultural Practice: \_\_\_\_\_

Living Arrangements ( # rooms, people, adequate heat/hot water, etc..) \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Financial Concerns: \_\_\_\_\_

**NUTRITIONAL HISTORY:** Special diet/Supplements \_\_\_\_\_ Appetite \_\_\_\_\_

Number of meals/day: \_\_\_\_\_ Who prepares meals: \_\_\_\_\_ Food likes/Dislikes: \_\_\_\_\_

Religious requirements: \_\_\_\_\_ Eats alone or with others: \_\_\_\_\_

Dentition/Dentures/Dominant Hand: \_\_\_\_\_

Recent Weight Gain/Loss: \_\_\_\_\_ Dysphagia: \_\_\_\_\_ Food Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Bowel Habits (frequency, consistency of stool, use of laxatives): \_\_\_\_\_

Urinary elimination (frequency, dysuria, complaints): \_\_\_\_\_

**REST/SLEEP/ACTIVITY:**

Usual #hrs/night: \_\_\_\_\_ Naps (time of day/length): \_\_\_\_\_ Nocturia \_\_\_\_\_ Developmental stage Variations \_\_\_\_\_

Use of meds to sleep: \_\_\_\_\_ Sleep rituals: \_\_\_\_\_ Hobbies: \_\_\_\_\_ Exercise: \_\_\_\_\_

Need for Assistance with ADL's: \_\_\_\_\_ Bathing: \_\_\_\_\_ Toileting: \_\_\_\_\_ Dressing: \_\_\_\_\_ Feeding: \_\_\_\_\_

Ambulating \_\_\_\_\_ Transferring \_\_\_\_\_ Stair Climbing \_\_\_\_\_ Shopping \_\_\_\_\_ Cooking \_\_\_\_\_ Home Maintenance: \_\_\_\_\_

(S = self, A = assist, T = total care)

**DISCHARGE PLANNING:**

Lives: Alone \_\_\_\_\_ With \_\_\_\_\_ No known residence \_\_\_\_\_

Intended Destination Post Discharge \_\_\_\_\_ Home \_\_\_\_\_ Undetermined \_\_\_\_\_ Other \_\_\_\_\_

Previous Utilization of Community Resources:

\_\_\_\_ Home care/Hospice \_\_\_\_ Adult day care \_\_\_\_ Church groups \_\_\_\_ Other \_\_\_\_ Meals on Wheels \_\_\_\_ Homemaker/Home health aide

\_\_\_\_ Community support group

Post-discharge Transportation: \_\_\_\_\_ Car \_\_\_\_\_ Ambulance \_\_\_\_\_ Bus/Taxi \_\_\_\_\_ Unable to determine at this time

Anticipated Financial Assistance Post-discharge?: \_\_\_\_ No \_\_\_\_ Yes Anticipated Problems with Self-care Post-discharge?: \_\_\_\_ No \_\_\_\_ Yes

Assistive Devices Needed Post-discharge?: \_\_\_\_ No \_\_\_\_ Yes

Referrals: Discharge coordinator \_\_\_\_\_ Home Health \_\_\_\_\_ Social Service \_\_\_\_\_ V.N.A. \_\_\_\_\_ Other Comments \_\_\_\_\_

**TEACHING NEEDS:** (Client, Family/Readiness to learn/Barriers to Learning) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **PEDIATRIC NURSING HISTORY**

### **General Information**

Primary Caregiver \_\_\_\_\_

Source of Information \_\_\_\_\_

Child=s Nickname \_\_\_\_\_

School Grade (if applicable) \_\_\_\_\_

School Performance \_\_\_\_\_

Coping Strategies for Hospitalization \_\_\_\_\_

### **Nutrition**

Foutannels \_\_\_\_\_

Head Circumference \_\_\_\_\_

Method of Feeding \_\_\_\_\_

Feeds Self? \_\_\_\_\_

### **Elimination**

Toilet trained? \_\_\_\_\_

a) bowel \_\_\_\_\_

b) bladder \_\_\_\_\_

c) day \_\_\_\_\_

d) night \_\_\_\_\_

Bedwetting \_\_\_\_\_

Words used for: stool \_\_\_\_\_

urine \_\_\_\_\_

### **Sleep**

Type of Bed \_\_\_\_\_

Routine (blanket, toy, story) \_\_\_\_\_

Fears/ Bad Dreams \_\_\_\_\_

### **Hygiene**

Bathes self \_\_\_\_\_

Dresses self \_\_\_\_\_

Brushes teeth \_\_\_\_\_

Combs hair \_\_\_\_\_

**Safety**

Temper Tantrums \_\_\_\_\_

ID band \_\_\_\_\_

Environment (toys, equipment) \_\_\_\_\_

Siderails \_\_\_\_\_

**SCHEDULE OF IMMUNIZATIONS, U.S. 2001**

AGE	AGENT
Birth - 2 months	Hepatitis B-1 _____
1 month	Hepatitis B-2 _____
2 months	Dtap _____ IPV _____ Hib _____ PCV _____
4 months	Dtap _____ IPV _____ Hib _____ PCV _____
6 months	Dtap _____ Hib _____ PCV _____
6 - 18 months	Hepatitis B-3 _____ IPV _____
12 - 15 months	Hib _____ PCV _____ MMR _____
12 - 18 months	Var _____
15 - 18 months	Dtap _____
4 - 6 years	Dtap _____ IPV _____ MMR _____
11 - 12 years	MMR _____ Hepatitis B _____ Var _____ Td _____
14 - 18 years	Td _____
24 months - 18 years	Hepatitis A _____

Others: (Pneumoccal, Influenza, PPD or tine test, etc.) \_\_\_\_\_

Comments: (Assess child=s current status and explain why if not received)

Vaccines

1. Hepatitis B
2. Diphtheria, Tetanus, Pertussis
3. H influenza type b
4. Inactivated polio
5. Pneumococcal conjugate
6. Measles, Mumps Rubella
7. Varicella
8. Hepatitis A

Approved by the Advisory Committee on Immunization and the American Academy of Pediatrics.

**Developmental Assessment**

Expected Behavior	Day 1	Day 2
Stage of Development (Erikson)		
<u>Physical Development</u> (PTA)* Gross Motor		
Fine Motor		
<u>Cognitive Development</u> (Piaget) Language, Social		
<u>Moral Development</u> (Kohlberg)		
<u>Family Relationships</u> (Duvall)		

\*PTA = prior to admission

**NOTE: The nursing diagnosis of Growth & Development must be done for every child.**

DATA COLLECTION	PHYSICAL			ASSESSMENT	
General Appearance	DAY 1			DAY 2	
<b>Systemic Assessment - circle/describe</b> <b>A. Neurological</b> Mental Status: LOC: alert/drowsy/ lethargic/stuporous/comatose/ restless/confused					
Orientation: time/place/person/recent memory					
Thought Process: reality/delusions/ hallucinations/attention span					
Headaches: Location/frequency					
Eyes: glasses/diplopia/pain/discharge/perla Sclera: red/yellow/clear					
Ears: Hearing loss/tinnitus/vertigo/ deformities					
Speech: Clear/slurred/coherent					
Ability to Swallow:					
Gait:					
Parasthesia:					
Weakness:					
Coordination:					
<b>B. Cardiovascular</b>					
B/P: site/position; Body Temperature & route					
Apical Pulse: rate/rhythm/quality					
Respirations: rate/labored/unlabored Pulse oximetry: O <sub>2</sub> Sat					
Pain: location/frequency/duration/intensity on a scale of 0 - 10/provokes/palleates/quality/ radiates					
fatigue/dizziness/chest pain/numbness/ tingling in extremities					
		Right	Left	Right	Left
Arterial Pulses	Carotid				
0 – absent	Brachial				
1+ - barely palpable	Radial				
2+ - decrease	Femoral				
3+ - full (normal)	Popliteal				
4+ - bounding	Posterior Tibial				
Symmetry	Dorsalis pedis				7

	PHYSICAL		ASSESSMENT	
	DAY 1		DAY 2	
<b>B. Cardiovascular (continued)</b> Capillary refill (norm less than 3 seconds) color/temperature/movement/sensation	<u>TOES</u>	<u>FINGERS</u>		
	R	R		
	L	L		
	symmetry	symmetry		
Homan's Sign ( pain upon dorsiflexion)	R	L		
Skin color/temp/diaphoresis/edema				
Cardiac Monitoring:				
<b>C. Respiratory</b> Breath Sounds: Describe all auscultated lung sounds/clear/decreased/absent	Anterior: RUL			
Adventitious: rales/rhonci/wheeze	LUL			
Respiratory rate/rhythm/depth/quality/effort of breathing/dyspnea/SOB	RLL			
	LLL			
	Posterior RUL			
	LUL			
	RML			
	RLL			
Cough/Productive (describe sputum) Non-productive (frequency/precipitation factors/relief measures)				
Chest Symmetry: equal/unequal				
Chest tube: location/drainage				
Oxygen Therapy:				
Mode (type)				
Percentage				
Liter flow rate				
Ventilator FIO2      TV      RR				
Ventilator FIO2      TV      RR				
CMV, SIMV, CPAP				
PEEP				
Pressure Support				

DATA COLLECTION	PHYSICAL		ASSESSMENT	
<b>D. Integumentary - Skin:</b>	DAY 1		DAY 2	
Color: pale/cyanotic/flushed/mottled/jaundice				
Temperature: warm/cold/moist				
Turgor/texture				
Mucous Membrane: Color/moisture/integrity				
Rashes/petechiae/ecchymosis/ulcerationss cars/scaling/flaking/purpura/pruritis/ integrity				
Wound: location/approximation/odor, discharge				
Decubitus Ulcers: location/type/size/shape/stage				
Dressings: location/ drainage/ odor				
<b>E. Gastrointestinal:</b>				
Height/Weight:				
Diet/Appetite/Tolerance:				
Nausea/Vomiting:				
Lips: color/moisture/lumps				
Gums & Teeth: swelling/bleeding/dyscoloration/retraction/ inflammation/loose/missing or carious teeth				
Last Bowel Movement/consistency/color				
Continence/diarrhea/constipation				
Bowel Sounds: present/ absent, hyper/hypo active	RUQ	LUQ	RUQ	LUQ
	RLQ	LLQ	RLQ	LLQ
Abdomen: soft/distended/tenderness/colostomy				
Parenteral Fluids:				
IV:				
Solution:				
Location:				
Rate:				
Site appearance:			9	

DATA COLLECTION	PHYSICAL		ASSESSMENT	
<b>E. Gastrointestinal:</b>				
Hyperalimentation:				
Solution:				
Location:				
Rate:				
Site appearance:				
Gavage: (NG, PEG):				
Type:				
route:				
amount:				
frequency:				
residual:				
<b>F. Genitourinary</b>				
Continence:				
Voiding: frequency/ color/clarity/ odor/amount/dysuria/urgency				
Bladder distention:				
Vaginal/Penile Drainage:				
Catheter: type/patency/drainage/				
<b>G. Musculoskeletal</b> Extremities: deformities/nodules/atrophy/joint stability				
<b>ROJM:</b>	upper	lower	upper	lower
	R	R	R	R
	L	L	R	R
Muscle Tonus/Strength:				
Coordination/Gait/Balance:				
Pain/Tenderness/Edema:				
Supportive Devices:				
Casts/Traction:				
<b>H. Endocrine/Reproductive:</b>				
Fatigue/wt. change/temperature intolerance				
Hair distribution/ulcers/herpes/warts/ Polydipsia/Polyuria/Polyphagia:				
Breast (masses/dimpling/ discharge/ pain)				

<b>DATA COLLECTION</b>	<b>PHYSICAL</b>	<b>ASSESSMENT</b>
	DAY 1	DAY 2
<b>H. Endocrine/Reproductive:</b> (continued)		
Last Mammogram/results:		
LMP/last pap smear & results:		
Gravida/Para:		
Penis: location of meatus/chancres/discharge/ tenderness/swelling		
Scrotum: lumps/swelling/ulcers/tenderness/ testicles		
Last Prostate exam & results:		

**TEXTBOOK PICTURE (Definition, Major S/S, Tx)**

**DATA COLLECTION: PHYSICIAN ORDERS**

Date:	ORDERS:
Diet:	
Activity:	
Lab/Diagnostic Tests:	
Treatment/Therapies	
Medications:	



<b>DATA COLLECTION:</b> (document results of admission & current result & significance)	<b>Diagnostic &amp; Lab Tests</b>		
<b>Normal: Include normal parameters for assigned clinical agency.</b>	<b>Admission Date</b>	<b>Current Date</b>	<b>Significance: Circle only the appropriate significant finding or enter the reason if not printed.</b>
<b>Complete Blood Count</b>			
WBC			↑Inflammatory and infectious processes, leukemia. ↓Aplastic anemia, viral infections.
RBC			↑ ↓Below NR – indicates anemia, hemorrhage
Hgb			↑COPD, high altitudes, polycythemia. ↓Anemia hemorrhage, overhydration.
Hct			↑Dehydration, high altitudes, polycythemia. ↓Anemia, hemorrhage, overhydration.
MCV			↑Macrocytic anemia ↓Microcytic anemia
MCH			↑Macrocytic anemia ↓Microcytic anemia
MCHC			↑Spherocytosis ↓Hypochromic Anemia
Platelet			↑Acute infections, chronic granulocytic leukemia, chronic pancreatitis, cirrhosis, collagen disorders, polycythemia, postsplenectomy ↓Acute leukemia, DIC, thrombocytopenic pupura.
<u>Differential</u> Band Neutrophils			↑ Acute infections
Esonophils			↑Allergic reactions, esinophilic and chronic granulocitic leukemia, parasitic disorders, Hodgkin's disease. ↓Steroid therapy
Basophils			↑Hyperthyroidism, ulcerative colitis, mycloproliferative diseases ↓Hyperthyroidism, stress
Lymphocytes			↑Chronic infections, lymphocytic leukemia mononucleosis, viral infections ↓Adrenocortical Steroid therapy, whole body irradiation.
Monocytes			↑Chronic inflammatory disorders, malaria, monocytic leukemia, acute infections, Hodgkins disease. ↓Steroid therapy
			14

<b>DATA COLLECTION:</b> (document results of admission & current result & significance)	<b>Diagnostic &amp; Lab Tests</b>		↑ Warfarin therapy, deficiency of factors I, II, V, VII, and X, vitamin K deficiency, liver disease.
<b>Normal: Include normal parameters for assigned clinical agency</b>	<b>Admission Date</b>	<b>Current Date</b>	<b>Significance: Circle only the appropriate significant finding or enter the reason if not printed.</b>
<b>Pt Control</b> <b>INR</b>			↑ Warfarin therapy, deficiency of factors I, II, V, VII, and X, vitamin K deficiency, liver disease.
<b>Ptt Control</b>			↑Deficiency of factors, I,II, V, VII, IX and X, XI, <II; hemophilia; liver disease, heparin therapy.
<b>Serum Electrolytes</b> <b>Na</b>			↑Dehydration, impaired renal function, primary aldosteronism, steroid therapy.  ↓Addison's disease, diabetic ketoacidosis, diuretic therapy, excessive loss from gastrointestinal tract, excessive perspiration, water intoxication.
<b>K</b>			↑Addison's disease, diabetic ketosis, massive tissue destruction, renal failure.  ↓Cushing's syndrome, severe diarrhea, diuretic therapy, gastrointestinal fistula, pyloric obstruction, starvation, vomiting.
<b>Cl</b>			↑Cardiac decompensation, metabolic acidosis, respiratory alkalosis, steroid therapy, uremia .  ↓Addison's disease, diarrhea, metabolic alkalosis, respiratory acidosis, vomiting.
<b>BUN</b>			↑Increase in protein catabolism (fever, distress), renal disease, UTI.  ↓Malnutrition, sever liver damage.
<b>Creatinine</b>			↑Active rheumatoid arthritis, biliary obstruction, hyperthyroidism, renal disorders, severe muscle disease  ↓Diabetes Mellitus.
<b>Glucose</b>			↑Acute stress, cerebral lesions, Cushing's disease, Diabetes M., hyperthyroidism, pancreatic insufficiency.  ↓Addison's disease, hepatic disease, hypothyroidism, insulin overdosage, pancreatic tumor, pituitary hypofunction, postgastrectrectomy dumping syndrome.
<b>CO<sub>2</sub></b>			↑Compensated respiratory acidosis, metabolic alkalosis  ↓Compensated respiratory alkalosis, metabolic acidosis
<b>Mg</b>			↑Addison's disease, hypothyroidism, renal failure  ↓ Chronic alcoholism hyperparathyroidism, hyperthyroidism, hypoparathyroidism, severe malabsorption.
<b>Ca</b>			↑ Acute osteoporosis, hyperparathyroidism, Vitamin D intoxication, multiple myeloma.  ↓ Acute pancreatitis, hypoparathyroidism, liver disease, malabsorption syndrome, renal failure, Vitamin D deficiency.
			15

<b>DATA COLLECTION:</b> (document results of admission & current result & significance)	<b>Diagnostic &amp; Lab Tests</b>		
<b>Normal: Include normal parameters for assigned clinical agency</b>	<b>Admission Date</b>	<b>Current Date</b>	<b>Significance: Circle only the appropriate significant finding or enter the reason if not printed</b>
Albumin			↑Dehydration ↓ Chronic liver disease, malabsorption, malnutrition, nephrotic syndrome, pregnancy
Total Protein			↑Burns, cirrhosis (globulin fraction) dehydration. ↓Congenital agammaglobulinemia, liver disease, malabsorption
<b><u>Urinalysis</u></b>			
Color                  Straw			
Specify gravity			↑Albuminuria, dehydration, glycosuria ↓Diabetes insipidus.
Ph			↑Chronic renal failure, compensatory phase of alkalosis, salicylate intoxication, vegetable diet ↓Compensatory phase of acidosis, dehydration, emphysema
Glucose (negative)			↑Diabetes M. low renal threshold for glucose resorption, physiologic stress, pituitary disorders.
Ketones (negative)			↑Marked ketonuria
Blood (negative)			↑Infection in urinary tract/ See RBC
Protein (negative)			↑Congestive heart failure, nephritis, nephrosis, physiologic stress.
Bile (negative)			↑Hepatitis
Casts (absent)			↑Renal alterations
RBC (negative)			↑Damage to glomerulus or tubules, trauma, disease of lower urinary tract.
WBC (negative)			↑Infection in urinary tract

<b>DATA COLLECTION:</b> (document results of admission & current result & significance)	<b>Diagnostic &amp; Lab Tests</b>		↑ Warfarin therapy, deficiency of factors I, II, V, VII, and X, vitamin K deficiency, liver disease.
	<b>Admission Date</b>	<b>Current Date</b>	<b>Significance: Circle only the appropriate significant finding or enter the reason if not printed.</b>
EKG			
Chest X-ray			
<b>Arterial Blood Gases</b>			
ph (7.35 – 7.45)			
pCO <sub>2</sub> (35 - 45)			
pO <sub>2</sub> (80 - 100)			
HCO <sub>3</sub> (22 – 26)			
o <sub>2</sub> sat (90 – 100)			
<b>Other tests/procedures related to client hospitalization (include normal, client results and significance).</b>			



Student \_\_\_\_\_  
Client's Initials \_\_\_\_\_

Date(s) Experience \_\_\_\_\_

NURSING CARE PLAN

Nursing Diagnosis	Expected Outcome & Criteria for Measuring	Nursing Actions	Rationale	Evaluation of Outcome
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Problem:				
Etiology (related to)				
Signs & Symptoms (as evidence by)				

Student \_\_\_\_\_  
Client's Initials \_\_\_\_\_

Date(s) Experience \_\_\_\_\_

NURSING CARE PLAN

<b>Nursing Diagnosis</b>	<b>Expected Outcome &amp; Criteria for Measuring</b>	<b>Nursing Actions</b>	<b>Rationale</b>	<b>Evaluation of Outcome</b>
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Problem:				
Etiology (related to)				
Signs & Symptoms (as evidence by)				

Student \_\_\_\_\_  
Client's Initials \_\_\_\_\_

Date(s) Experience \_\_\_\_\_

NURSING CARE PLAN

<b>Nursing Diagnosis</b>	<b>Expected Outcome &amp; Criteria for Measuring</b>	<b>Nursing Actions</b>	<b>Rationale</b>	<b>Evaluation of Outcome</b>
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Problem:				
Etiology (related to)				
Signs & Symptoms (as evidence by)				

Student \_\_\_\_\_  
Client's Initials \_\_\_\_\_

Date(s) Experience \_\_\_\_\_

NURSING CARE PLAN

<b>Nursing Diagnosis</b>	<b>Expected Outcome &amp; Criteria for Measuring</b>	<b>Nursing Actions</b>	<b>Rationale</b>	<b>Evaluation of Outcome</b>
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Problem:				
Etiology (related to)				
Signs & Symptoms (as evidence by)				

Student \_\_\_\_\_

Date(s) Experience

Client's Initials \_\_\_\_\_

**Student's Nurse's Progress Note Day 1**

**Progress Note Day 2**

**Student's Nurse's**

## STUDENT SELF-EVALUATION

**Directions:** Take time to do a realistic evaluation of your abilities in the areas listed below. Reflect on your overall performance for the course. What can you identify as support/barriers to your performance. Cite specific examples from your clinical experiences.

### 1. NURSING PROCESS:

A. Assessment –

What was your ability to gather data? Did you assess the client's cultural, developmental, emotional, physical, psychological, and spiritual needs? Did you use all sources ex. client, family, staff, medical record etc.

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B. Analysis/Diagnosis -

Did you identify significant findings and cluster the data to arrive at diagnosis? Did you use your Nursing Diagnosis book to select the diagnostic label? Did you identify contributing/risk factors for your patient? Did you use the PES format?

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C. Planning –

Did you prioritize your diagnoses? Were outcomes stated with specific criteria for measurement? Were nursing actions clear, did you include patient medications and teaching needs?

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D. Implementation –

Did you carry out the plan, maintain a safe environment, provide patient/family teaching, collaborate with others?

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E. Evaluation –

Were the outcomes met, how? Did you state specific outcome criteria? Does the plan need to be continued or changed?

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**2. THERAPEUTIC INTERVENTIONS**

What psychomotor skills did you perform? What do you need improvement with? What skills would you like to perform?

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**3. COMMUNICATION ABILITIES**

Did you use therapeutic techniques? How effective was your verbal/non-verbal communication with the client/family, staff, peers, instructor? How would you describe your participation and contributions to pre and post conference? Was your written documentation organized clear, concise and complete? Did you complete the flow sheet, I & O, Medex etc?

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**4. MANAGEMENT**

Did you manage your time well? Was all care given? Were your priorities correct?

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**5. CRITICAL THINKING**

Did you apply theoretical knowledge? Can you explain and support the thinking behind the actions you chose? Did you consider . . . What if something goes wrong? or What if we try . . . ? Did you recognize your biases? What would you do differently? Did you have self-confidence? Did you demonstrate good clinical judgement?

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## NURSING ASSESSMENT AND CARE PLAN EVALUATION CRITERIA

Please note: All elements of the nursing process must be completed in order to receive a satisfactory grade of 75.

<b>ASSESSMENT</b>	<b>(20)</b>
Data is logically summarized:	
a) History and Health Assessment	4
b) Physical Assessment	4
c) Physician's Orders	2
d) Textbook Picture	2
e) Pharmacology Data Analysis	4
f) Diagnostic and lab tests	4
<b>DIAGNOSING (DATA ANALYSIS)</b>	<b>(25)</b>
Clusters Data	5
Identifies <b>ALL</b> Significant Findings	10
Identifies <b>ALL</b> relevant nursing diagnoses using the PES format	10
<b>PLANNING (Develops Plan for 4 highest priority diagnoses – 3 physiological/1 psychological)</b>	<b>(15)</b>
Prioritizes all identified diagnoses as HI-MED-LOW	5
Identifies appropriate client goals/desired outcomes	5
States criteria for evaluation of client goals/outcomes	5
<b>IMPLEMENTATION</b>	<b>(30)</b>
Identifies independent interventions to accomplish the top priorities for care (including teaching when appropriate)	7
Identifies interdependent interventions to accomplish the top priorities of care (including medications when appropriate)	7
Cites references for interventions	2
Explains scientific rationale for each intervention	7
Documents nursing activities on appropriate flow sheets and nurses' notes	7
<b>EVALUATION</b>	<b>(10)</b>
Evaluates outcomes for 4 top priority diagnoses using stated criteria for evaluation	5
Evaluates (self) performance of care	1
Correct grammar is used throughout document	2
Paper is legible	<u>2</u>
<b>Total Points possible</b>	<b>100</b>