CHASE HOSPITAL - NURSING ASSESSMENT AND HISTORY SHEET

BIOGRAPHICAL DATA

Name: TED NOLAN (M) / F	Ward/Unit:
Prefered name: TED	M.R.N.
Date of Birth: Age 88	Date of Admission:
Address: SHELTERED HOUSING	Time of Admission:
	Admission Source:
	Consultant:
	Infection Control Risk: YES NO
Phone numbers: (H)	Medications: FRUSEMIDE, AGORAL, DICLOFENAC, RAMIPRIL, COXYL ANDSENNA.
(W) (M)	Allergies/sensitivities:
Marital status: Widowed.	NONE KNOWN.
Occupation: Retired.	Manifestations:
Nationality IRISH	
eligious status: CATHOLIC.	

Next of Kin: MRS KATH NOLAN		Relationship: DAUGHTER.	
Address:			
Phone Numbers:	Home: 125346	Work: 12345.	Mobile: 626312
Aware of admission: (Y) / N		To be contacted in emergency: (Y) N	
Emergency Contact 1:	Name:	Relationship:	
Phone Numbers:	Home:	Work:	Mobile:
Emergency Contact 2:	Name:	Relationship:	
Phone Numbers:	Home:	Work:	Mobile:

Presenting Features of Illness: Confusion ? Cause.

Relevant Past History: IHD, Angina, Rectal Ca excised 1998 Deafness left ear ? Right ?, AF, Chronic osteoarthritis

Provisional Diagnosis: Confusion ? Cause

Investigations: G.S.U. Bloods for FBC, U+E, CoAg, LFT's + TOX. SCREEN.

Confirmed Diagnosis:

Surgery:

BASELINE OBSERVATIONS / GENERAL ASSESSMENT ON ADMISSION

Temperature 37.8	Pulse 80	Blood Pressure 160/120	Respirations 15
O_2 saturation 97%	O_2 rate	Weight	Height
Abdominal Girth	GCS	Blood Sugar	

Limbs	Not applicable	Colour	Movement	Sensation	Warmth
Pulses	Not applicable	Femoral	Popliteal	DP	PT

Patient Name | **Assessment Date**

Maintaining Safety

Level of Consciousness

Fully ☑ Altered ☐ Unconscious ☐

Identity Band in-situ Yes ☑ No ☐

Orientated to ward Yes ☐ No ☑

Valuables policy explained Yes ☐ No ☑

I.V. access Yes ☐ No ☑

Comments Patient removed IV accen. Uncooperative during admission.

Breathing

Normal ☐ Self-ventilating ☑

Oxygen Therapy ☐ Rate: _____

Dyspnoea ☐ Accessory Muscles ☐

Cough ☐ Non productive ☐ Productive ☐

Sputum Colour _____ Sample _____

Comments _____

Communicating

Hearing Good ☐ Deaf ☑

Hearing Aids Y ☐ N ☐ with patient Y ☐ N ☑

Comment ? Both ears.

Eyesight Good ☑ Poor ☐ Blind ☐

Glasses Y ☐ N ☐ with patient Y ☐ N ☑

Contact Lenses Y ☐ N ☐ with patient Y ☐ N ☐

Comment ~~Not making sense~~.

Speech Clear ☐ Unclear ☐ Incoherent ☐

Language English ☑ Other _____

Comment Not making sense

Memory Good ☐ Poor ☐ Confused ☑

Comments Disoriented.

Emotional State Agitated

Pain Yes ☐ No ☐ Pain Score (0 – 10) _____

Acute Yes ☐ No ☐ Chronic Yes ☐ No ☐

Location _____

Relieved by _____

Aggravated by _____

Comments _____

Nutrition and Hydration

N.P.O. ☐ PO fluids ☐ Diet and fluids ☐

Appetite Usual ☐ Increased ☐ Decreased ☐

Recent weight change Y ☐ N ☐ Gain ☐ Loss ☐

Special diet – specify _____

Nausea Yes ☐ No ☐ Vomiting Yes ☐ No ☐

Hydration Good ☐ Poor ☐ I.V. Fluids Y ☐ N ☐

Solution _____ Additive _____ Rate _____

Condition of mouth Clean ☐ Moist ☐ Dry ☐

Requires attention _____

Dentition Dentures Y ☑ N ☐ Top ☑ Bottom ☑

Caps / crowns Y ☐ N ☐ Location _____

Loose teeth Y ☐ N ☐ Location _____

Problems swallowing Yes ☐ No ☐

Problems chewing Yes ☐ No ☐

Assistance required Yes ☐ No ☐

Enteral feeding required Yes ☐ No ☐

Parenteral feeding required Yes ☐ No ☐

Dietician referral _____

Speech and language therapist referral _____

Comments Not assessed yet.

Eliminating

Micturition Normal ☐ Frequency ☐ Nocturia ☐

Retention ☐ Incontinent ☐ Urethral Catheter ☐

Supra-pubic catheter ☐ Ileal conduit ☐

Comments Occasionally incontinent of urine.

Urinalysis Glucose _____ Bilirubin _____

Ketones _____ Spec Grav _____ Blood _____

pH _____ Protein _____ Urobili _____

MSU required Y ☐ N ☐ Sent _____

Bowels Normal ☐ Diarrhoea ☐ Constipated ☐

Incontinent ☐ Ileostomy ☐ Colostomy ☐

Usual pattern: _____ motions per/every _____

Last bowel motion: _____

Uses aperient Y ☐ N ☐ Type _____

Stool sample required Y ☐ N ☐ Sent _____

Ward FOB test required Y ☐ N ☐ / Pos ☐ Neg ☐

Comments _____

Patient Name | **Assessment Date**

Personal Hygiene

Hygiene Self ☐ Assisted ☐ Dependent ☐
Dressing Self ☐ Assisted ☐ Dependent ☐

Skin condition _____
Pressure areas checked Y ☐ N ☐
Comments _____
_____
Waterlow / Norton / Medley Score _____
Interventions _____
_____

Mobility

Fully mobile ☐ Impaired mobility ☐ Immobile ☐
Requires: assistance ☐ supervision ☐
Walking aids walks with stick normally.
Physiotherapist referral _____

Comment _____
_____

Expressing Sexuality

Body image: _____
_____

Date of last menstruation _____
HCG test required Y☐ N☐ Date sent _____

Comments _____
_____

Sleeping

Sleep Pattern Normal ☐ Broken ☐ Insomnia ☐
Hrs sleep required ____ Daytime nap Y ☐ N ☐
Aids to sleep _____
Comments _____
_____

Dying

Palliative care referral _____
Sacrament of the sick Y ☐ N ☐ Date _____
Comments _____
_____
_____
_____

Lifestyle

Smoking Yes ☐ Never ☐ Ex
If yes or ex Cigarettes ☐ Cigars ☐ Pipe ☐
How many? Date quit?
Smoking cessation referral _____
Comments _____

Alcohol Yes ☐ Never ☐ Ex
If yes or es, average units per week _____
Type of alcohol _____
Date quit _____
Comments _____

Recreational Drugs Yes ☐ Never ☐ Ex ☐
If yes or ex, average usage per week _____
Type of drugs _____
Date quit _____
Comments _____

Exercise Frequent ☐ Occasional ☐ Never ☐
Type of exercise _____
Comments _____

Diet Meals/day ___ Snacks between meals __
Normal weight ☐ Overweight ☐
Underweight ☐ B.M.I. _____
Comments _____

Concept of own health
Good ☐ Average ☐ Poor ☐
Health concerns / worries Yes ☐ No ☐
Comments _____

Social Circumstances
Living accommodation Sheltered Housing
Comments (toilets, bedroom, stairs etc) _____
_____
Lives Alone ☒ With relatives ☐ Other ☐
Dependents _____
Comments _____
_____

Additional Comments _____
_____
_____

Name of staff nurse N. Joyce.
Signature _____
Date _____