

GENITOURINARY:

WDL WDL except:
Incontinent Condom Catheter Supra Pubic Foley - Necessity for Foley reviewed
Ileo Conduit Nephrostomy Tubes I&O Cath Anuric Other: _____
Urine: Amber Bloody Cloudy Foul smell Bladder distended
Genitalia painful/swollen Discharge present **Receiving dialysis:** Hemo Peritoneal
Other abnormal findings/comments:

GENITOURINARY WDL
Genitalia intact without discharge, swelling or pain
Urine clear and pale yellow, no foul smell
Continent with no bladder distension (or incontinent per age)
Absence of urinary devices
No hemo or peritoneal dialysis

PSYCHOSOCIAL

WDL WDL except:
Concerns expressed regarding sexuality culture religious beliefs ethnicity
health status coping
Patient with: Anxiety Lack of cooperation
Other issues: _____
(Suicide Assessment: "You have been placed on suicide precautions. Do you feel like hurting yourself now?")
Other abnormal findings/comments:

Patient is calm, cooperative, and provides appropriate subjective data related to physical condition.
No suicidal ideation.

Care Plan Initiated - "At Risk for Suicide"

Braden Scale for Predicting Pressure Sore Risk: (With each assessment)

Circle the number in each category; total at bottom

SENSORY PERCEPTION	1. Completely Limited	2. Very Limited	3. Slightly Limited	4. No Impairment
MOISTURE	1. Constantly Moist	2. Very Moist	3. Occasionally Moist	4. Rarely Moist
ACTIVITY	1. Bedfast	2. Chairfast	3. Walks Occasionally	4. Walks Frequently
MOBILITY	1. Completely Immobile	2. Very Limited	3. Slightly Limited	4. No Limitations
NUTRITION	1. Very Poor	2. Probably Inadequate	3. Adequate	4. Excellent
FRICION AND SHEAR	1. Problem	2. Potential Problem	3. No Apparent Problem	

SCORE: _____ < 19 = risk for skin breakdown

Care Plan - "At Risk for Skin breakdown"

Comments:

Morse Fall Risk

History of Physiological Falling	1. 0 = No	2. 25 = Yes	
Secondary Diagnosis	1. 0 = No	2. 15 = Yes	
Ambulatory Aids	1. 0 = None/Bedrest/Nurse assist	2. 15 = Crutches/Walker/ Cane	3. 30 = Furniture
Intravenous Therapy/Heparin/Saline Lock	1. 0 = No	2. 20 = Yes	
Gait/ Transferring	1. 0 = Normal/Bedrest/Wheelchair	2. 10 = Weak	3. 20 = Impaired
Mental Status	1. 0 = Oriented to Own Ability	2. 15 = Overestimates/ Forgets Limitations	

SCORE: _____

Score ≥ 45 indicates risk

Care Plan initiated - "At Risk for Fall"

SAFETY NEEDS

Check all that apply: Bed alarm Correct ID Band Bed low position Call bell within reach
Restraints Emergency equipment at bedside

Assessment completed by(RN Signature/Name)_____ Date_____ Time_____

UNIVERSITY OF VIRGINIA HEALTH SYSTEM



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ADULT ACUTE CARE SYSTEMS ASSESSMENT

RN assessments occur every 12 hours shift (generally between 7a-11a and 7p-11p). They may be done more frequently as determined by patient acuity or need for focused assessment.

UNIT _____

Date: _____ Time: _____ Type of Assessment: New Admission Shift Assessment Post Operative Transfer

Check boxes that apply. Circle items that apply. Add comments as appropriate. Isolation Type: _____

PAIN ASSESSMENT:

Is the patient currently having pain? No, pain not an issue No, patient reports pain management effective Yes

Pain Scale Used: UVA Pain Scale (standard) Other_____

ASSUME PAIN PRESENT (APP) for behaviors noted and there is reason to suspect pain in a nonverbal patient.

For nonverbal patients, describe pain behaviors:_____

Pain rating: 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 Location of pain:_____

Duration: Chronic Acute Constant Intermittent Other:_____

Character: Stabbing Burning Sharp Dull Ache Shooting Grabbing Other:_____

Is patient satisfied with level of comfort? Yes No Is Patient able to perform expected functional activity? Yes No

Pain Management Plan: Scheduled Analgesia PRN Analgesia Non-pharmacologic Analgesia PCA

Epidural/Spinal Block Other: _____

Comments:

NEUROLOGICAL/HEENT - Conduct CAM with each assessment

CAM Screening*: Positive Negative Cannot assess: _____
(Feature is positive if box checked)

Feature 1: Mental Status: Acute change from baseline
OR Fluctuating changes in past 24 hours

Feature 2: Inattention: >2 Errors SAVEAHAART

Feature 3: Disorganized Thinking: >1 Error for combined test (Questions + Command)

Feature 4: Level of Consciousness: NOT Alert and Calm

*CAM is positive if Feature 1 **AND** Feature 2 **AND** Either Feature 3 **OR** Feature 4 are positive. (Complete CAM, check Positive, Negative or Cannot assess as appropriate.)

WDL Comatose Impaired at baseline: _____ WDL except:

If not alert & calm, note LOC: Drowsy Restless Agitated Combative

Oriented to: Person Place Age/Date Other: _____

Unable to Communicate Needs because: _____

Swallow**: Impaired Awaiting Evaluation - Reason: _____

No gag reflex** Facial droop - Left Facial droop - Right

Slurred Speech Garbled Speech Poor Dentition Dentures

Movement: Purposeful to Pain No Movement Tremulous

Device: ICP Monitor Ventriculostomy Pupils Abnormal - Describe: _____

Vision Impaired - Glasses Contacts Other:

Hearing Impaired - Hearing aids Other:

Other abnormal findings/comments:

*Care Plan - "At risk for Delirium" **Care Plan - "At Risk for aspiration/reflux"

PLACE LABEL HERE.

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IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

NEUROLOGICAL WDL

Alert & oriented to person, place, time and events

Able to communicate needs

Pupils are equal, round and reactive to light

Full range of motion, strength, and sensation to all extremities

Absence of confusion, mental status changes, posturing, seizures, headache, or coma

Gag reflex intact

Absence of facial droop, slurred speech, unilateral weakness or numbness

HEENT

Eyes clear, moist and free of edema or discharge

Hearing, speech and vision normal

Absence of dysphasia or hoarseness

Oral mucosa moist, pink and intact

Absence of swallowing or chewing problems

Teeth intact and appropriate for age

Absence of pain, bleeding, deformity, redness, swelling, drainage, or foreign body.

RESPIRATORYWDL WDL except:**Spontaneous respirations:** Irregular Labored AsymmetricalIncentive Spirometer used - Volume _____

Other pulmonary toilet activities:

O2 required - Intermittent Continuous **Rate**_____**Delivery:** Nasal Cannula Face Tent Venti Mask Non-rebreatherTrach collar CPAP/BIPAP High flow/high humidity**Trach Tube** Size:_____ Stoma: Intact Pink Red ExcoriatedCuff: Inflated Deflated N/A**Breath Sounds:** Right Bases Decreased Crackles Rhonchi WheezesLeft Bases Decreased Crackles Rhonchi Wheezes**Sputum:** Small Mod Large - Describe: **Difficulty breathing** - describe:**Chest Tube:** Right Set to suction at _____cmH2O, water seal, bulb suctionLeft Set to suction at _____cmH2O, water seal, bulb suctionOther _____: Right Set to suction at _____cmH2O, water seal, bulb suction Air Leak Left Set to suction at _____cmH2O, water seal, bulb suction**Drainage:** Serous Serosanguinous Sanguinous Other _____**Cough:** Productive Nonproductive **Snores*:** Yes No

Other abnormal findings/comments:

*If patient has risk factors including: Hx Sleep Apnea, Do you snore loud enough to be heard through a door, BMI >35, Neck Circumference >40 cm consider Care Plan for At Risk for Obstructive Sleep Apnea.

CARDIOVASCULAR/PVSWDL WDL except:**Nonmonitored:** Irregular Murmur**Monitored:** Sinus-Brady Sinus-Tach A fib A-flutterPaced Other:Patient's Name and room number verified on wall/dash monitorTTX # _____: Level 1Level 2**Pulses** Abnormal Describe: _____**DVT Prophylaxis:** SCD's on Foot Pump Antiembolism stockings Pharmacologic**Edema:** Yes - Extremities General Other: _____

Other abnormal findings/comments:

ABDOMINAL/ANUS/RECTUMWDL WDL except:**Abdomen:** Firm Distended **Bowel Sounds:** Hypoactive NoneFlatus No Flatus Nausea Vomiting**Nutrition:** NPO Tube Feeding TPN Other _____**Hemorrhoids/masses:** Small Medium Large**Stool:** Diarrhea Constipation Incontinent - Last BM:_____**Tubes:** Fecal Containment Gastric Small bore feeding Patent Non-patentClamped Gravity **Suction:** Continuous Intermittent**Drainage:** Clear Green Brown Bloody**Stoma:** Ostomy type _____ Color: Pink Dusky Black/NecroticAppliance Intact: Yes No Comments:

Other abnormal findings/comments:

RESPIRATORY WDL

Breath sounds are clear and equal to all lung fields

Respirations are spontaneous, unlabored, and chest excursion is symmetrical

Patient does not complain of shortness of breath or difficulty breathing

Absence of cough or pain with inspiration

Absence of retractions, nasal flaring, subcutaneous emphysema, stridor or wheezes

Absence of artificial airway

No tubes/drains

Oxygen not required or baseline O₂ needs met**CARDIOVASCULAR/PVS WDL**

Presence of S1, S2 without murmur or rub

Skin is warm and dry with capillary refill less than 3 seconds

Absence of cyanosis

Absence of chest pain and peripheral edema

Absence of pacemaker, internal defibrillator, or other rhythm regulating or monitoring device

Skin warm and color appropriate & even*(skin condition)

Sensation intact*(neuro)

All pulses palpable

Normal sinus rhythm if monitored

ABDOMINAL/ANUS/RECTUM WDL

Abdomen soft and non-tender, non-distended

Bowel sounds are present and normoactive in all four quadrants

No palpable masses

Absence of nausea, vomiting, constipation or diarrhea

Absence of rectal or oral bleeding

Elimination with patient's usual pattern

No tubes or drains

No hemorrhoids, trauma/injury or masses

INTEGUMENTARY: (Skin Color/Condition, Skin Integrity)WDL WDL except:**Skin Color:** Pale Jaundiced Cyanotic Reddened Other:**Impaired:** Damp Excessively Dry Rash**Note:** Wounds, drains, dressings, lines, airways, tubes, medication patches or other abnormalities detailed below:**Wounds, Lines, Drains, Airways –**

Note location, type, appearance

MUSCULOSKELETAL/MOBILITYWDL WDL except:**Gait:** Unsteady Unable to ambulate Bed Rest**Transfers:** Total Assist (pt does 0-25%) Max assist (pt does 25-49%) Mod assist (pt does 50-74%) Min assist (pt does 70% or more) Standby assist (set-up cues, supervise)**Bed mobility:** Total Assist Max assist Mod assist Min assist Standby assist **Impaired ROM/strength** - describe: **Use of Equipment:** Type: Minimal lift: _____Assistive devices: _____**Amputations:** _____

Other abnormal findings/comments:

INTEGUMENTARY WDL

Skin Color/Condition: Dry, Intact, and appropriate even tone

Skin Integrity: Normal turgor and free of any lesion, wounds, bruising, burns, abrasions, avulsions, rash, or any other abnormalities

Wounds - Identify location and type of wound at each assessment.Measure and assess wound on:Admission to unit **AND** Mon Wed Fri **OR** *with dressing change (for dressings that stay on > 3 days).* Wound vac in use

Time wound assessed: _____

A) Location: _____

Size (in cm): Length _____ Width _____ Depth _____

Drainage: None Light Mod HeavyTissue: Red Yellow Purple Black

B) Location: _____

Size (in cm): Length _____ Width _____ Depth _____

Drainage: None Light Mod HeavyTissue: Red Yellow Purple Black

C) Location: _____

Size (in cm): Length _____ Width _____ Depth _____

Drainage: None Light Mod HeavyTissue: Red Yellow Purple Black Additional wounds noted on Flowsheet**PICC line / Central venous access:** Dressings In dateChanged (Weekly) Cap Changed (every 96 hours or if cracked/bloody)**Central Line inserted:** Date _____Necessity for central line reviewed**PIV's:** In date (changed every 96 hours)Tubing in date**MUSCULOSKELETAL WDL**

No hyper- or hypotonicity, tone symmetrical in all extremities

Strength strong and symmetrical in all extremities

Gait Steady and even, ambulation appropriate for age

ROM full and symmetrical in all extremities