

Systems Assessment: complete pertinent to presenting problem(s)

CARDIOVASCULAR

WNL = HR reg, no peripheral edema, no chest pain, no palpitations, no calf cramping during activity/rest, normal skin color and temperature, normal cap refill

Pain: (PQRST) Pain score 0 -10 ____

Assessment:

Edema _____

Bruising/Bleeding _____

Pulses _____

Action:

Monitor Strips attached Rhythm -

GASTROINTESTINAL

WNL = Bowel sounds x4, abd soft, non tender, no distention, no nausea, no vomiting, BM of normal frequency and consistency

Pain: (PQRST) Pain score 0 -10 ____

Assessment:

Bowel Sounds/BMs _____

Nausea/Vomiting _____

Bleeding _____

Symmetry/Distention _____

Action:

NG tube inserted Size ____ Suction: Continuous Intermittent

GENITOURINARY

WNL = voids without difficulty, urine clear, amber, no foul odor, no genital discharge, volume sufficient for patient.

Pain: (PQRST) Pain score 0 -10 ____

Assessment:

Distention Last time voided _____ Amount _____

Action:

Catheter inserted Size - _____

Drainage: Continuous Hourly

REPRODUCTIVE

NA LMP: _____ Pregnant: Yes No Unknown

T _____ P _____ A _____ L _____ G _____

FHR _____ EDC _____

Pain: (PQRST) Pain score 0 -10 ____

Assessment:

Bleeding/Discharge _____

Packing Yes No (If yes, describe including count)

Action:

EYE, EAR, NOSE AND THROAT

NA Contact Lens Glasses Hearing Aid

Pain: (PQRST) Pain score 0 -10 ____

Assessment:

Bleeding/Discharge _____

Packing Yes No (If yes, describe including count)

Foreign Body _____

Action:

Eye rinse

MUSCULOSKELETAL AND INTEGUMENTARY

WNL = no reddened areas, no bruising, no open areas, no incisions, no drains, no dressings

Pain:(PQRST) Pain score 0 -10 ____

Assessment:

1. Abrasion	7. Laceration
2. Bruise	8. Rash
3. Burn	9. Reddened
4. Cast/boot	10. Splint/slab
5. Deformity	11. Swelling
6. Dressing	12. Tear

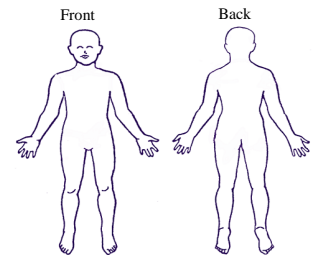
Pulses (location) _____

Paresthesia _____

Packing Yes No (If yes, describe including count)

Action:

Tetanus Given: No Yes Name/dose: _____



SAFETY

Universal S.A.F.E. Precautions

1. In the past year, have you ever had any fall, including a slip or trip, in which you lost your balance and landed on the floor, ground, or lower level? Yes No

a. Has medical attention been sought due to a fall? Yes No

2. Does the patient have any identifying gait, balance, and/or mobility difficulties? Yes No

3. Using clinical judgement, is this patient at risk of falling based on presenting symptoms? Yes No

(Consider certain factors such as evolving illness (e.g. emerging delirium, impaired mobility, or new medications being prescribed), unfamiliar surroundings, acquired knowledge, other observations and assessments. If 'yes' to any of the questions, a comprehensive Fall Risk Assessment (e.g. Morse) must be completed along with care plan interventions.) Facility specific Falls risk assessment completed

PSYCHOSOCIAL

Mental/Behavioral/Emotional Status Assessment:

WNL = appropriate behaviour, cooperative, mood euthymic.

Behaviour

Living situation/family

Alcohol/drug use

Hygiene

Cultural/Religious Concerns

Action:

Suicide risk screening done (check one of the following)

Suicide Assessment Record (SAR-143)

Saskatchewan Suicide Framework and Protocol

Other: _____

ID(s)