

PATIENT ASSESSMENT

Patient Name/Age:	Room/Floor Number/DNR status:
IV Assessment: (type/size/flushes/draws/redness/pain/phlebitis)	
Cardiovascular: (HR/BP/Heart sounds/Pulse/Cap.Refill/Skin temperature)	Neurological: (LOC/Mental Status/GCS/PERRLA/Muscle strength & symmetry)
Respiratory: (Breath sounds/O2 sat/supplemental O2/resp. rate)	Genitourinary: (Urine color/output/Frequency/Urgency/Retention/Catheter)
Gastrointestinal: (Bowel sound/last BM/Stool appearance/abdominal pain/tenderness/distention)	Integumentary: (Wounds/Bruising/Skin tears/incisions/drains/Skin color/Temp/Moisture/Turning required)
Patient Teaching:	
Notes:	

