Kaskaskia College
Associate Degree Program
Nursing Assessment/NCP Form

Student: ________________________ Date of Care: __________ Date Submitted: __________
Grade: I ______ Resubmit Date: __________ ; S ______ ; U __________

Instructor’s Comments: ____________________________________________

General Assessment Data

Pt’s Initials: ________ Clinical Setting: ________________________________
Age: ________ Gender: ________ Admitted through: Admitting____ ER____; Admitted from:
Home____ Nursing Home______ Other ______________________________________

Admitting Diagnosis: ________________________________________________
Secondary Diagnosis: ________________________________________________
Brief definition of primary diagnosis: ____________________________________
____________________________________________________________________
____________________________________________________________________
Chief Complaint on Admission: _______________________________________
HPI (History of Present Illness) and course of treatment pt. has had to date: ____________________________________________
____________________________________________________________________
____________________________________________________________________
PMH (Past Medical History) with dates: ________________________________
____________________________________________________________________
____________________________________________________________________
PSH (Past Surgical History) with dates: ________________________________
____________________________________________________________________
____________________________________________________________________

Admission VS: T _____ P _____ R_____ B/P: R arm ________ L arm ________ SpO₂ __________
Admission wt. _________________________ Today’s wt. _______________________

Current surgery: Yes _____ No _____ If yes, type _____________________________
Allergies: NKA _____ Drugs ______________________________________________
Foods/Other: _____________________________________________________________
Latex Allergy: No___ Yes ___
Signs/Symptoms of Reaction: ___________________________________________

1
PSYCHOSOCIAL HISTORY: (Safety/Security: Met___ Unmet___; Love/Belonging: Met___ Unmet___;
Self-Esteem: Met___ Unmet___)
Culture/Ethnicity: Where born:_________________________________________________________
If immigrant, how long in this country____________________________________________________
Dominant language:___________________________ Educational level:___________________________
Marital Status: Never married_____; Married_____; Widowed_____; Separated_____; Divorced _____
Who lives with you: Spouse___; Children___; Relative/Friend___; Group setting___; Lives alone _____
Primary support system:________________________________________________________________
Do you feel safe in your living environment?  Yes _____ No _____ If no. explain _____________________
Affect: Calm _____ Cooperative _____ Bland _____ Withdrawn _____ Inappropriate _____
Irritable _____ Anxious _____ Fearful _____ Angry _____ Combative _____ Defensive _____
Thoughts: Clear _____ Goal Directed _____ Confused _____ Delusions/Hallucinations _____
Mood: Describe how patient is feeling today: _______________________________________________
Recent Stress: No _____ Yes _____; Describe: _______________________________________________________________________________________
Ways of handling stress: _______________________________________________________________________________________________________________________________________________________
Comments: _____________________________________________________________________________
Select Appropriate NANDA Term:  
Impaired adjustment ___ Anxiety ___ Disturbed body image ___ Ineffective coping ___ Fear ___
Dysfunctional grieving ___ Hopelessness ___ Powerlessness ___ Chronic low self-esteem ___
Situational low self-esteem ___ Spiritual distress ___ Impaired comfort ___
Other: _____________________________________________________________________________

NEUROLOGICAL: (Physical Safety: Met ___ Unmet ___; Rest/Activity: Met ___ Unmet ___)
Oriented: Person ___ Place ___ Time ___; Awake ___; Alert ___; Restless ___; Sedated ___;
Lethargic ___; Comatose ___; Pupils: Equal ___ Unequal ___ Reactive ___ Sluggish ___
Extremity strength: Equal ___ Unequal ___; Speech: Clear ___ Slurred ___ Other: _______________________
History of brain injury, trauma, stroke (residual effects):_______________________________________
Fainting spells ___ Dizziness ___ Headaches ___ Seizures: No___ Yes___ Type______________________
Frequency: ________________________________
Visual Impairment: None ___; Wears glasses/contacts ___; Blind: L___ R___
Hearing Impairment: None ___; Deaf ___; HOH: L___ R___; Aids: Yes___ No___
Pain: Location ________________________________
Quality: Aching___ Burning___ Crushing ___ Dull ___ Heavy ___ Radiating ___ Sharp ___ Stabbing ___
Tender ___ Throbbing ___
Duration: Chronic ___ Acute ___ Constant ___ Intermittent ___ Severity: (Scale of 0 – 10) _____;
Aggravating factors: _____________________________________________________________________
Alleviating factors: _____________________________________________________________________
Last pain med: (what/when)________________
Comments: ____________________________________________________________________________
Select Appropriate NANDA Term:  
Risk for injury ___ Impaired verbal communication___ Disturbed sensory perception, auditory/visual ___
Impaired memory___ Acute confusion___ Chronic confusion ___Acute pain___ Chronic pain___
MUSCULOSKELETAL: (Rest/Activity: Met ___ Unmet ___; Physical Safety: Met ___ Unmet ___)

Full ROM of extremities: Yes ___ No ___ Explain: ________________________________

Transfers self: Yes ___ No ___ # of assist _____ Standby _____

Weakness ___; Tingling ___; Numbness ___; Contractures ___ Location: ______________

Hemiplegic ___; Paraplegic ___; Quadriplegic ___; Joint swelling ___; Joint pain (where?) __________________

Gait: steady ___ unsteady ___; Assistive Devices: W/C ___ Walker ___ Brace ___ Cane/Crutches ___

Participates in PT____ OT____

Comments: __________________________________________________________________________

Select Appropriate NANDA term:
Activity intolerance ___; Fatigue ___; Impaired physical mobility ___; Impaired transfer ability ___;
Impaired walking ___; Risk for injury ___; Other: ____________________________________________

RESPIRATORY: (Oxygenation: Met ___ Unmet ___)

Rate: _______; Even ___ Uneven ___; Shallow ___; Labored ___; Dyspnea on exertion ___; Orthopnea ___

Cough: Occasional ___ Intermittent ___ Frequent ___; Non-productive ___ Productive ___

Sputum: frothy ___ thick/tenacious ___ thin ___; clear ___ white ___ tan ___ green ___ yellow ___

Hemoptysis (bloody) ___; Amount: small ___ moderate ___ large ___; Requires suctioning ___

Breath Sounds: Left lung Right lung

Clear ___; Diminished ___ Clear ___; Diminished ___

Crackles: fine ___ coarse ___ Crackles: fine ___ coarse ___

Wheezes: inspiratory ___ expiratory ___ Wheezes: inspiratory ___ expiratory ___

Pulse Oximetry _____ % On: room air ___ oxygen ___ NC ___ Mask ___ O2 @ _______ L/min

Able to TCDB per self? Yes ___ No ___; Incentive spirometry ___ Frequency ______________________

Clubbing of fingers: Yes ___ No ___; Smoker: No ___ Yes ___; Packs/day ___ # of years _______

Swallowing impairment: Yes ___ No ___; Requires thickened liquids ___; consistency _____________

Comments: __________________________________________________________________________

Select Appropriate NANDA term:
Ineffective airway clearance ___; Risk for aspiration ___; Ineffective breathing pattern ___;
Impaired gas Exchange ___

CARDIOVASCULAR: (Oxygenation: Met ___ Unmet ___)

Pulses: Apical _____ Reg ___ Irreg ___; Radial _____ Reg ___ Irreg ___ strong ___ weak ___;
equal ____ unequal ___; Pedal strong ___ weak ___; equal ____ unequal ___; assessed with Doppler ___

B/P: R arm __________ L arm __________; Position: Lying ___ Sitting ___ Standing ___

Edema: Location __________________; Pitting; Trace +1___ +2___ +3___ +4___

Perfusion of skin: warm ___ dry ___ diaphoretic ___ cool ___; Capillary refill: < 3 sec ___ > 3 sec ___

Pacemaker ___; Monitor ___ Telemetry ___ Pattern: _________________________________________

Antithrombotics: No ___ Yes ___ Drug (dose & frequency): _________________________________;

TED’s ___; SCD’s ___; Instructed on and performing leg exercises: No ___ Yes ___ Freq. ___________

Blood transfusions: Yes ___ N0 ___; Type: ______________________________________________ # of units _______

Comments: __________________________________________________________________________

Select Appropriate NANDA term:
Decreased cardiac output ___; Ineffective peripheral tissue perfusion ___ Risk for bleeding ___

Other: ______________________________________________________________________________

Comments: __________________________________________________________________________
GASTROINTESTINAL: (Food: Met___ Unmet___; Fluid: Met___ Unmet___;
Elimination: Met___ Unmet___)

Height: _______ Weight _______ BMI _______ Recent gain/loss _______ Amt. _______ Over what time? _______
General appearance: well-nourished ___ emaciated ___ other _______________________________
Diet ordered: _____________________________ Chewing/swallowing difficulties: Yes ___ No ___
Appetite: Breakfast _______ % Lunch _______ % Dinner _______ %; Accuchecks; ______ SSI__________
Last blood glucose level: time _______ level _______; Steroid therapy ______ Drug: ______________________
Abdomen: soft ___ firm ___ tender ___ round/rotund ___ distended ___
Bowel sounds: absent ___ present ___ normoactive ___ hypoactive ___ hyperactive ___
Nausea ___ Vomiting ___; Stools: Diarrhea ___ Constipation ___ Uses laxatives: No ___ Yes ___
Usual freq. of stools _______ Last BM _______ Describe stool: _____________________________
NG tube ___ G-tube ___ J-tube ___ Feeding type: ______________________ Bolus ___ freq. _______,
Cont. ______  rate _______; TPN: ______ Rate__________; Colostomy ______; Ileostomy _______
Comments: ____________________________________________________________________________

Select Appropriate NANDA term:
Constipation ___; Diarrhea ___; Nausea ___; Imbalanced nutrition: More than body requirements ___;
Imbalanced nutrition: Less than body requirements ___; Risk for unstable blood glucose level ___

GENITOURINARY: (Elimination: Met ___ Unmet ___; Fluids: Met ___ Unmet ___)

Last voided: __________________ Describe urine: Color _______ Clarity _____________
Dysuria ___ Frequency ___ Burning ___ Difficulty initiating ___ Urgency ___ Hematuria ___
Incontinence: functional ___ stress ___ total ___; Catheter: Foley ___ Suprapubic ___ External (Texas cath) ___
Ureterostomy ___ Ileal Conduit ___; Diuretic therapy: Med (dose/freq)________________________
Past 24 hour: Intake _______ Output _______; Skin turgor: good ___ fair ___ poor ___
Dialysis: Yes ____ No ___; Type of Dialysis: HD__ PD__; Access type:__________________________
Comments: ____________________________________________________________________________

Select Appropriate NANDA term:
Impaired urinary elimination___; Urinary Retention ___; Urinary incontinence, functional ___;
Fluid volume deficient ___; Fluid volume excess ___; Risk for infection___; Other ___________________}

ACTIVITY/REST: (Activity/Rest: Met___ Unmet___)

Activity Order: ________________________________ Needs assist with: ambulating ___
elimination ___ meals ___ hygiene ___ dressing ___; Dyspnea with activity: Yes ___ No ___
Type of bath given: Shower ___ Assist ___ CBB ___ Whirlpool ___
Sleep: Sleeps # of hrs. ____________ Rested upon awakening: Yes ____ No ___; Insomnia ___;
Sleeping med _____________________________ Last taken __________________________
Sleep apnea machine: Yes ___ No ___
Comments: ____________________________________________________________________________

Select Appropriate NANDA term:
Activity intolerance ___; Insomnia ___; Fatigue ___; Disturbed sleep pattern ___;
Self-care deficit: bathing, dressing, feeding, toileting ___; Other: ___________________________
SKIN AND MUCOUS MEMBRANES: (Physical Safety: Met ___ Unmet ___)

Color of skin: flesh-tone ___ pale ___ flushed ___ cyanotic ___ jaundiced ___; Bruises ___
Location __________________________________________________________
Skin temp: cool ___ warm ___ hot ___; Moisture: dry ___ clammy ___ diaphoretic ___

Skin Integrity: Skin tears _____ Location _____________________ Dressing _____________________;
Pressure Ulcer: Location _____________________ Stage: I ___ II ___ III ___ IV ___ Unstageable___
Type of dressing present: _____________________________________________;
Surgical Wound: Location _____________________; Dressing change order: yes ___ no___
Sutures ____ Staples ____; Wound edges: well-approximated ___ gapping ___; pink ___ redness___
swelling___; Drains present: penrose ___ J-P drain ___ Hemovac ___ Other _______________________
Describe drainage and type of dressing: _______________________________________
Mucous membranes: Pink ___ Pale ___; Moist ___ Dry ___; Impaired ___ Describe ______________________
IV/INT Site: _____________________ Size _____ Day old ____; Clear ___ Patent ___; Red ___ Edema___
Comments: __________________________________________________________________________

Select Appropriate NANDA term:
Impaired skin integrity ___; Impaired tissue integrity ___; Impaired oral mucous membranes ___;
Risk for infection ___

SAFETY: (Physical Safety: Met ___ Unmet ___)

Temperature: _______ Oral ___ Rectal ___ Tympanic ___ Temporal ___;
Infection present: No ___ Yes ___ Type: _________________________________
On antibiotic therapy: No ___ Yes ___; Isolation: type _______________________
Immunization History (Provide dates of vaccine): Tetanus__________; Pneumonia _________;
Influenza ___________; Zoster (Shingles) ___________; Polio _______; Hepatitis ___ Adult Tdap_____
MMR _________; or Check if had childhood disease: Measles _____ Mumps _______;
Rubella (German Measles) _____ Polio _______; Last TB test: ________________

Fall Risk Assessment (High risk for pt. who meets 4 or more criteria):
Over age 70 ____ Confused ____ History of falling ____ Unsteady gait ____ Impaired mobility ____
First day of admission or location ____ Receiving sedative, narcotic, or psychotropic med ____
Comments: __________________________________________________________________________

EDUCATION/DISCHARGE PLANNING:

What do you know about your present illness? ______________________________________________
_____________________________________________________________________________________

What information do you want or need about your medications and treatments? _____________
_____________________________________________________________________________________

Would you like family (significant others) involved in your care?( Specify) ____________________
_____________________________________________________________________________________

What concerns do you have about leaving the hospital? ______________________________________
_____________________________________________________________________________________

Patient support person: _________________________________________________________________

303x696
ASSESSMENT OF PSYCHOSOCIAL DEVELOPMENT (ERIKSON):

Pt’s age: _______
Erikson’s appropriate psychosocial task for this age is: ________________________________
Your assessment of the stage for this patient is: (Check appropriate stage and circle which side of the stage the patient is leaning towards.)

1. Basic Trust vs. Mistrust (birth to age 1) _____ 5. Identity vs. Confusion (Ages 12 to 18) _____

Using the above information, list specific nursing interventions which will individualize your plan of care and which will support your patient in a positive manner as he/she works through the identified psychosocial task.

1. __________________________________________________________________________________
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5. __________________________________________________________________________________
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UNMET NEED PRIORITIZATION

Maslow’s Unmet Need: (Prioritize)

#1 __________________________
#2 __________________________
#3 __________________________
#4 __________________________
#5 __________________________

Nursing Diagnosis Statement (NANDA+Etiology) for Unmet Need:

#1 _____________________________________________
#2 _____________________________________________
#3 _____________________________________________
#4 _____________________________________________
#5 _____________________________________________
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<tr>
<th>Drug/Dose/Frequency</th>
<th>Classification/Therapeutic Effect</th>
<th>Common Side Effects</th>
<th>Nursing Assessment/Interventions</th>
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**DIAGNOSTIC FINDINGS:**

1. Enter most current results and all applicable labs.
2. Behind each result indicate **high (H), low (L) or within normal limits (WNL)**
3. Provide implication (Interpretation/Explanation) of results for each abnormal finding.

### Complete Blood Count (CBC):

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
<th>Implication of Results:</th>
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<tbody>
<tr>
<td>RBC’s</td>
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<td>WBC’s</td>
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<td>Hemoglobin (Hgb)</td>
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<td>Hematocrit (Hct)</td>
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<td>Platelet Count</td>
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### Urinalysis (UA):

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</table>
**Electrolytes:** Date __________________________

Sodium ____________________________  Chloride ____________________________

Potassium __________________________  Calcium ____________________________

Magnesium __________________________

**Implication of Results:** _________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**Lipid Panel:** Date __________________________

Total cholesterol __________________________  HDL’s (high density lipids) _________________

LDL’s (low density lipids) _________________  Triglycerides ____________________________

LDL:HDL ratio __________________________

**Implication of Results:** _________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**Additional Blood Chemistry:** Date __________________________

Blood Glucose #1_______today___________  Hemoglobin A1c __________________________

Urea Nitrogen (BUN) #1_______today_______  Creatinine _____________________________

Protein, total __________________________  Albumin _________________________________

Globulin ______________________________  Albumin/Globulin Ratio _____________________

Bilirubin, total ________________________  Alkaline Phosphatase _________________________

AST (aspartate aminotransferase) _________  ALT (alanine aminotransferase) ____________

Phosphate ______________________________  Uric Acid ________________________________

**Implication of Results:** _________________________________________________________________
____________________________________________________________________________________
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Cardiac Markers:

CK (creatinine kinase) ____________  Troponin ____________________________
Mb (myoglobin) _________________  LDH (lactate dehydrogenase) __________
CRP (c-reactive protein) ___________  D-Dimer ____________________________
BNP (brain natriuretic peptide) _______

Implication of Results: _______________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Arterial Blood Gas Analysis (ABG’s): Date _________________________

PaO₂ ______________  O₂ __________________________  PaCO₂ _________________
HCO₂ _______________  pH _________________________

Implication of Results: _______________________________________________________
__________________________________________________________________________

Urine Culture:  Date _______________________

Findings: __________________________________________________________________

Implication of Results: _______________________________________________________
__________________________________________________________________________

Other Cultures (MRSA, Blood, Throat, and Wound):
Test: ________________________________ Date _________________________

Findings: __________________________________________________________________

Implication of Results: _______________________________________________________
__________________________________________________________________________
Other Pertinent Lab Findings (E.g. PT, INR, aPTT):

Test __________________________________________ Date __________________________

Findings:  ________________________________________________________________

Implication of Results: ____________________________________________________

____________________________________________________________________________

Electrocardiogram (EKG): Date ______________________________

Implication of Results: ____________________________________________________

____________________________________________________________________________

Chest X-Ray: Date __________________________

Implication of Results: ____________________________________________________

____________________________________________________________________________

Other Pertinent Tests (CT scan, MRI, Echo, Other X-rays): Date _____________________

Location: ___________________________________________________________________

Implication of Results: ____________________________________________________

____________________________________________________________________________

Surgery/Pathology Report: Date __________________________

Findings:  __________________________________________________________________

Implication of Results: ____________________________________________________

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NURSING CARE PLAN

Long Term Goal: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

<table>
<thead>
<tr>
<th>Nursing Diagnosis</th>
<th>Short Term Goal</th>
<th>Interventions</th>
<th>Rationale and/or Scientific Principles</th>
<th>Evaluation</th>
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<td>Interventions</td>
<td>Rationales and/or Scientific Principles</td>
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