

STUDENT'S NAME: _____

DATE OF EXPERIENCE: _____

CLIENT'S INITIALS: _____ AGE: _____ HEALTH PROBLEM: _____

CLINICAL OBJECTIVE: _____

ASSESSMENT	NURSING DIAGNOSIS (NUMBER NURSING DIAGNOSIS & PLAN IN ORDER OF PRIORITY)	OUTCOME CRITERIA	INTERVENTION	EVALUATION				
PSYCHOSOCIAL LANGUAGE: GENDER: AGE: BEHAVIOR:								
CENTRAL NERVOUS LOC: ALERT/LETHARGIC/COMATOSE ORIENTATION: TEMPERATURE: PAIN: (0-10):								
RESPIRATORY RR: R DEPTH: SCRIN: CHEST MOVEMENT:								
CARDIOVASCULAR HR: BP: /								
GASTROINTESTINAL DIET: BM: <table border="1" data-bbox="191 946 342 1050"> <tr> <td>RUQ + -</td> <td>LUQ + -</td> </tr> <tr> <td>RLQ + -</td> <td>LLQ + -</td> </tr> </table>	RUQ + -	LUQ + -	RLQ + -	LLQ + -				
RUQ + -	LUQ + -							
RLQ + -	LLQ + -							
GENITOURINARY URINARY: VOID/FOLEY CHRCTRSTC : YELLOW/CLOUD/DILUTE/ CONCENTRATED/HEMATURIC AMOUNT:								
MUSCULOSKELETAL AROM AAROM RROM <table border="1" data-bbox="184 1252 348 1356"> <tr> <td>RUQE+ -</td> <td>LUE + -</td> </tr> <tr> <td>RLE + -</td> <td>LLE + -</td> </tr> </table>	RUQE+ -	LUE + -	RLE + -	LLE + -				
RUQE+ -	LUE + -							
RLE + -	LLE + -							
INTEGUMENTARY SKIN CARE: SKIN COLOR: SKIN TEMP:								

ERIKSON'S DEVELOPMENTAL TASK: _____

