

The Daily "APIE" sheet

Student's name:

Date of Experience:

Client Initials:

Age:

Health Problem:

Clinical Objective:

ASSESSMENT	NURSING DIAGNOSIS	OUTCOME CRITERIA Client will	INTERVENTION	EVALUATION
PSYCHOSOCIAL				
CENTRAL NERVOUS				
RESPIRATORY				
CARDIOVASCULAR				
GASTROINTESTINAL				
GENITOURINARY				
MUSCULOSKELETAL				
INTERGUMENTARY				

ERICKSON'S DEVELOPMENTAL TASK

