

Initial Assessment Tool

Student ID: _____ Student Last Name: _____ Student First Name: _____ Course Number: _____

Semester: _____

Client ID: _____ Age: _____ Sex: _____ Room Number: _____ Allergy: _____

Language: (Arabic, Chinese, English, French, Russian, Spanish, Other) **Language Other:** _____ **Admission Date:** _____ **Date of Care:** _____

Admission Diagnosis: _____ **Advanced Directive/DNR:** yes, no

Central Nervous System:

LOC- Level of Consciousness (alert, lethargic stupor, comatose)

Orientation		
pos	Person	neg
pos	Place	neg
pos	Time	neg

Behavior: anxious, agitated, calm, restless **Restraints:** yes, no

Restraint Type: wrist, ankle, vest, belt

Restraint Neuro: pos, neg

Restraint Move: pos, neg

Call Bell: yes, no

Side Rails: yes, no

Vital Signs:

Temperature: _____

Temperature Location (oral, rectal, axillary, tympanic)

Pulse Rate	
Radial: _____	Apical: _____

Right	Pulses	Left
pos neg	Radial	pos neg
pos neg	Brachial	pos neg
pos neg	Axillary	pos neg
pos neg	Carotid	pos neg
pos neg	Pedal	pos neg
pos neg	Posterior Tibial	pos neg
pos neg	Popliteal	pos neg
pos neg	Femoral	pos neg

Respiration Rate: _____

Respiration Depth: normal, shallow, deep

Blood Pressure: _____

Blood Pressure Site: arm, leg

Pain: yes no *if YES, continue this section*

Location: _____

Quality: (sharp, dull, burning stabbing crushing)

Quality Other: _____

Severity: 0 1 2 3 4 5 6 7 8 9 10

Radiates: yes, no

Duration: _____

Frequency: _____

Respiratory:

Anterior Lung

Anterior RUL: clear, rhonchi, crackles, wheeze

Anterior RML: clear, rhonchi, crackles, wheeze

Anterior RLL: clear, rhonchi, crackles, wheeze

Anterior LUL: clear, rhonchi, crackles, wheeze

Anterior LLL: clear, rhonchi, crackles, wheeze

Chest Movement: (symmetrical, sternal retractions, accessory muscles)

Mucous Membranes:(cyanotic, jaundice, pale, pink)

Secretions Type: (blood streaked, frothy, thin, thick)



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Posterior Lung

Posterior RUL: clear, rhonchi, crackles, wheeze

Oxygen: yes no

Posterior RML: clear, rhonchi, crackles, wheeze

Oxygen Type: _____

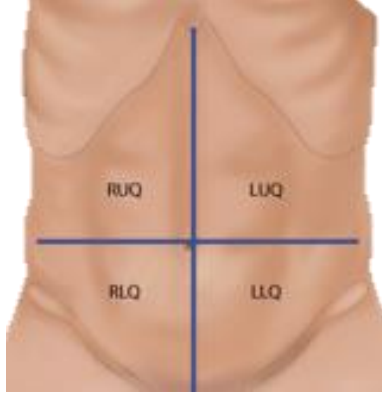
Posterior RLL: clear, rhonchi, crackles, wheeze

Oxygen Flow Rate: _____ liter/minute

Posterior LUL: clear, rhonchi, crackles, wheeze

Posterior LLL: clear, rhonchi, crackles, wheeze

Abdomen/Urinary/Intake Output:



Abdominal Assessment: soft, hard, distended, ascites, tender, non-tender

Bowel Sounds RUQ: pos, neg

Bowel Sounds LUQ: pos, neg

Bowel Sounds RLQ: pos, neg

Bowel Sounds LLQ: pos, neg

Last B M Date: _____

Bowel Movement: formed, soft, hard, watery, bloody, tarry, clay

Urinary Elimination Type: voids, foley, continuous, bladder irrigation (CBI), incontinent

Urine Characteristic: yellow, cloudy, dilute, concentrated, hematuric

Amount of Urine: _____

Last Void: _____

IV: yes no *if YES, continue this section*

IV Site: _____ **IV Hourly Rate:** _____ ml/hour **IV Drop Factor:** _____ gtts/minute

IV Solution Type: _____ **Heplock:** yes no

Nothing by Mouth: yes no

Diet Consistency: solids, chopped, puree

Diet Type: (regular, clear-liquid, soft, low-residue, high-fiber, sodium restricted, low cholesterol)

Diet Other: _____

Skin/Wound:

Self Care: (independent, needs assistance, total care)

Edema: present, absent

Location Edema: _____

Integumentary Skin Color: pink, pale, flushed, cyanotic, jaundiced, mottled

Integumentary Temperature: hot, warm, cool, dry, moist, diaphoretic

Integumentary Integrity: intact, rash, pressure ulcer

Pressure Ulcer Stage: I II III IV none

Pressure Ulcer Drainage: pos, neg

Pressure Ulcer Odor: pos, neg

Pressure Ulcer Necrotic: pos, neg

Pressure Ulcer Granulation: pos, neg

Dressings Site: _____

Dressings Intact: yes, no

Dressings Drainage: yes, no

Drainage Tubes Type: Jackson-Pratt, Hemovac, Penrose

Drainage Amount: _____

Draining Characteristic: (serous, serosanguineous, sanguineous, purulent)

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Wound Assessment: surgical, non-surgical

Wound Location: _____

Mobility/Neurovascular:

Activity level: (bed rest, ambulates with assistance,
ambulates independently)
(OOB to chair, OOB with BRP)

Gait: steady, none

Gait Weight Bearing: (none, bilateral, right weight bearing, left weight bearing)

Neurovascular:

Right		Fingers	Left	
pos	neg	capillary refill	pos	neg
pos	neg	color	pos	neg
pos	neg	temperature	pos	neg
pos	neg	sensation	pos	neg
pos	neg	movement	pos	neg

Right		Toes	Left	
pos	neg	capillary refill	pos	neg
pos	neg	color	pos	neg
pos	neg	temperature	pos	neg
pos	neg	sensation	pos	neg
pos	neg	movement	pos	neg