

SPN Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Patient Data Form

Patient Initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Room #: \_\_\_\_\_

Physician: \_\_\_\_\_ Consult(s)/Reason: \_\_\_\_\_

Code Status: \_\_\_\_\_ POA/Emergency Contact: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Reason for Seeking Healthcare: \_\_\_\_\_

Admitting Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Isolation Type: \_\_\_\_\_ O<sub>2</sub> \_\_\_\_\_ Telemetry: Y N Offsite Onsite

Past Medical and Surgical History: \_\_\_\_\_

Diet: \_\_\_\_\_ Activity: \_\_\_\_\_ Glucose: \_\_\_\_\_ ac/hs other: \_\_\_\_\_

Vital Signs/Assessment Frequency: Q4H Q8H other: \_\_\_\_\_

I&O: Strict Q Shift other: \_\_\_\_\_ I \_\_\_\_\_ O \_\_\_\_\_ Last BM: \_\_\_\_\_ DVT Prophylaxis: \_\_\_\_\_

Elimination: Continent Incontinent Foley Straight Cath/Frequency: \_\_\_\_\_

IV Access/Date(s) IV(s) Inserted: \_\_\_\_\_

Report:

Orders/To Be Done:

Takes **Meds:** Whole   Crushed   Other: \_\_\_\_\_  
 Time Due/Medication:

IVF: \_\_\_\_\_

Recent Lab Values	Level (H, L, N)	Interpretation / Comments / Concerns
Hgb		
Hct		
WBC		
Plt		
PT/INR		
PTT		
AST		
ALT		
Na		
K		
Mg		
Ca		
Phos		
Glucose		
Cl		
BUN		
Creatinine		
BNP		
Troponin		

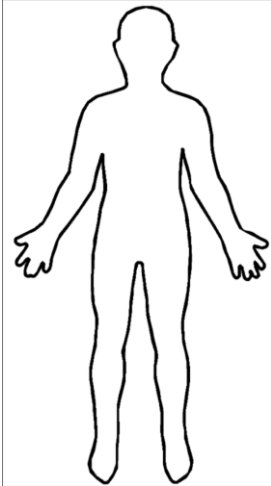
Diagnostic Studies, results, and how they relate to patient issues:

## Assessment

Vital Signs: T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ B/P \_\_\_\_\_ SpO2 \_\_\_\_\_

Pain: \_\_\_\_\_ Braden Score: \_\_\_\_\_ Fall Risk Assessment Score: \_\_\_\_\_

### Anterior



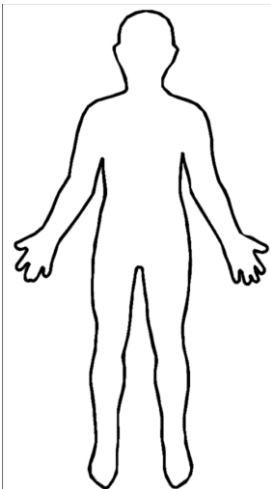
General Appearance:

Neurologic:

Cardiovascular:

Respiratory:

### Posterior



Gastrointestinal

Genitourinary:

Musculoskeletal:

Integumentary:

Psychosocial:

## Concept Map

Issue / Problem: \_\_\_\_\_

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NDX \_\_\_\_\_

R/T \_\_\_\_\_

AEB \_\_\_\_\_

Issue / Problem: \_\_\_\_\_

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NDX \_\_\_\_\_

R/T \_\_\_\_\_

AEB \_\_\_\_\_

Medical Diagnosis/Reason for Seeking Healthcare

Issue / Problem: \_\_\_\_\_

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NDX \_\_\_\_\_

R/T \_\_\_\_\_

AEB \_\_\_\_\_

Issue / Problem: \_\_\_\_\_

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NDX \_\_\_\_\_

R/T \_\_\_\_\_

AEB \_\_\_\_\_

## Nursing Process

Supporting data: subjective and objective

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Nursing Diagnosis (NANDA)/related to/as evidenced by: \_\_\_\_\_

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Short-Term Goal: \_\_\_\_\_

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Long-Term Goal: \_\_\_\_\_

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### Priority Nursing Interventions with Rationale

1.

2.

3.

### Evaluation of Interventions

1.

2.

3.

### Evaluation of Goals: