

Name: _____

Date: _____

Patient Data

Demographics – patient demographics/reason for hospitalization

Patient Initials: _____ DOB: _____ Gender: _____

Physician: _____ Consult: _____

Code Status: _____ POA: _____

Date of Admission: _____ Room #: _____

Admitting Dx: _____

CONCEPT MAP

Reason for Healthcare Service:
Pertinent Issues (Including objective and subjective data) 1. 2. 3. 4.

History – Pertinent history for plan of care

Past Medical History (PMH): _____

Past Surgical History: _____

Recent Labs and how they relate to patient issues: (Indicate whether high, low or WNL)

Accucheck: _____

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

Assessment – Physical assessment findings

Vital signs: B/P _____ Resp _____ Pulse _____ Temp _____ Pain _____

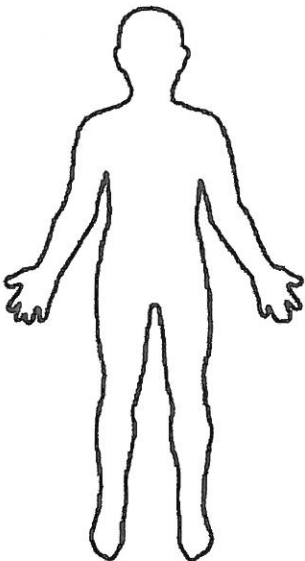
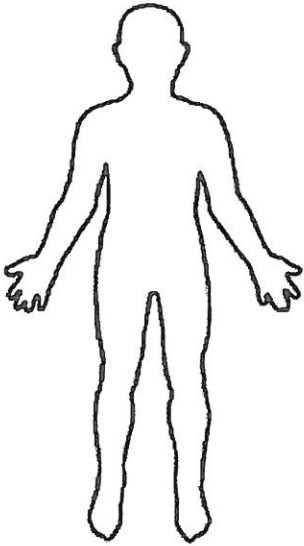
Oxygen: _____ O2 sat: _____ Diet: _____

Allergies (food, drugs, herbal drugs, other): _____

Fall Risk Assessment: _____ Braden Score: _____ Isolation type: _____

IV, Dressings, Wounds, Drains

Anterior



Posterior

Assessment Data

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Nursing Process – Nursing care delivered with discharge plan

Short-Term Goal (r/t nursing diagnosis): _____

Long-Term Goal (r/t nursing diagnosis): _____

Nursing Diagnosis (NANDA)/ related to/as evidence by: _____

Priority Nursing Interventions (r/t nursing diagnosis):
(Include pt/family teaching & collaborative care)

1.

2.

3.

Discharge Plan/Evaluation of Care/Outcome of listed interventions:

1.

2.

3.