

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: _____ O₂ _____ 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 **Med**s: 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		

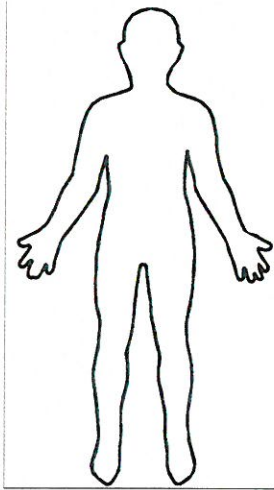
Diagnostic Studies, results, and how they relate to patient issues:

Assessment

Vital Signs: T: _____ P: _____ R: _____ B/P _____ SpO2 _____

Pain: _____ Braden Score: _____ Fall Risk Assessment Score: _____

Anterior



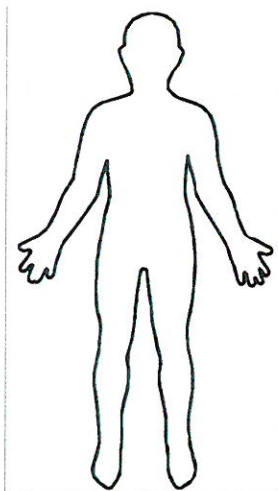
General Appearance:

Neurologic:

Cardiovascular:

Respiratory:

Posterior



Gastrointestinal

Genitourinary:

Musculoskeletal:

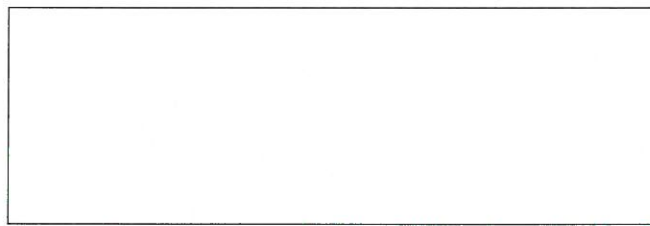
Integumentary:

Psychosocial:

Concept Map

Issue / Problem: _____

Issue / Problem: _____



Medical Diagnosis/Reason for Seeking Healthcare

Issue / Problem: _____

Issue / Problem: _____

Nursing Process

Supporting data: subjective and objective

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

Short-Term Goal: _____

Long-Term Goal: _____

Priority Nursing Interventions with Rationale

1.

2.

3.

Evaluation of Interventions

1.

2.

3.

Evaluation of Goals: