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<tr>
<td><strong>CARDIOVASCULAR:</strong></td>
<td>Heart rate regular 60-100. Pulses equal/palpable bilaterally, no JVD, varicose veins. Skin warm and dry, color appropriate for ethnic background. BP100/60-140/90. mucous membranes/nailbeds pink. Cap refill &lt;3 seconds. No edema, Homan’s sign negative. Telemetry rhythm if available.</td>
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<tr>
<td><strong>RESPIRATORY:</strong></td>
<td>Respiration equal, nonlabored, rate 12-20. Breath sounds clear and present in all lung fields. Cough-type/color/amount/odor. On Room air. No chest tubes.</td>
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<tr>
<td><strong>GASTROINTESTINAL:</strong></td>
<td>Abdomen soft, flat, round. Nondistended, nontender to palpation. Normoactive bowel sounds in all 4 quadrants. No nausea, vomiting, diarrhea, hemorrhoids, dysphasia. Teeth, dentures, Mucous membranes moist. No NGT drainage. Last BM___</td>
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<tr>
<td><strong>GENITOURINARY:</strong></td>
<td>Voiding clear yellow to amber urine without dysuria or discomfort. No catheters or tubes. Voiding sufficient amounts. Bladder nondistended. Continent</td>
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</table>
**INTEGUMENTARY:** Skin warm, dry and intact without bruises, abrasions, rashes or decubiti. Skin color/turgor. Mucous membranes moist. Pressure areas without redness. Skin Risk: Document in Notes.

**REPRODUCTIVE:** no swelling, bleeding. No vaginal or penile discharge. Breast symmetrical bilaterally, nontender, no discharge, no appearance of dimpling (orange peel) of breast skin.

**SEXUALITY:** Not affected by current disease or treatment

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**PAIN MANAGEMENT:** Location of pain, character, severity. Pain meds. Absence of pain. No meds required. Effectiveness of pain management with one hour post pain medication check. Which pain scale, parameters.

**PSYCHOSOCIAL AND SPIRITUAL:** Appearance, calm, coloperative, relaxed, anxious, depressed, combative, angry, upset. Able to communicate needs. Spiritual needs taken care of.

**SURGICAL DRESSING/INCISIONS:** Dressing dry and intact. No drainage, redness, tenderness, Edges well approximated. Sites:
1. 
2. 
3. 

Dressing last changed
**DRAINS/COLLECTION DEVICES:**
Character and volume. Intact and patent.
Site/type
1. 
2. 
3. 

**SAFETY:**
Restraints, Seizure precautions, Fall precautions, Aspiration Precautions.

*Bed alarm/chair alarm*

**EQUIPMENT**
PCA pump
Feeding Pump
Pulse Ox
Oxygen
CPM/Sequentials/TEDS
SUCTION
Ken Aire /Air Mattress

**IV**
IV fluid __________________
IV fluid rate _____________
Piggy back IV ____________
IV Site ________________
Date Inserted
IV Site assessment. No redness, swelling, pain, tenderness.

**PATIENT /FAMILY EDUCATION:** new learning needs. Reinforce knowledge base. Document patient/family educational needs and any potential problems with understanding in order of priority. Document reinforcement of teaching in nursing notes.

**ACTIVITY:**
Special Isolation: ___________________
Level of Activity: ___________________
Assistive Devices: ___________________
Independent/one assist/two assist/hoyer
Check chart /kardex

**Nursing Care Plans to Be Instituted:**

________________________________________________________________________
________________________________________________________________________