

Oakland Community College Nursing Department/NUR 1410

Student: _____ Date: _____

NURSING ASSESSMENT OF FUNCTIONAL HEALTH PATTERNS: Acute Care Facility

Directions:

- 1) **Collect** appropriate subjective and objective data utilizing patient interview, observation, physical assessment, chart review and other data sources.
- 2) **Highlight** all abnormal finding, problems and needs.
- 3) **Cluster** all identified abnormal findings, problems and needs under the appropriate functional health pattern.
- 4) **Highlight** the relevant Nursing Diagnoses for each functional health pattern with possible data, risk factors and/or abnormal findings, from the list of common diagnoses provided. Write in any other pertinent nursing diagnoses.
- 5) **Establish** and **Prioritize** a Master Problem List or a Master Concept Map of Nursing Diagnoses.
- 6) **Identify** a Nursing Outcome Classification with two indicators for each NANDA on the Master Problem List/Master Concept Map.

Initials _____ Room Number _____ Age _____ Sex: M F Ethnicity: _____

Admission Date _____

Admitted From: Home ECF Assisted Living other Lives With: _____

Medical Diagnoses: _____

Surgical Procedures (Date): _____

Type of Anesthesia: _____

HEALTH PERCEPTIONS-HEALTH MANAGEMENT PATTERN

Reason for Seeking Health Care/Chief Complaint:

How was the illness treated at home (include alternative/complementary therapies):

Past Medical History (date):

Past Surgical History (date): _____

Allergies: _____

Code Status: _____

Advanced Directives: _____

Medical Durable Power of Attorney: _____

Life Style Risk Factors: _____

Familial Risk Factors: (Indicate Relationship)

diabetes _____ cardiovascular disease/hypertension _____ stroke _____
 kidney disease _____ mental illness _____ communicable diseases _____
 cancers(type) _____ other: _____

Significant Clustered Data:

Possible Nursing Diagnoses: Risk for Injury; Risk for Infection; Deficient Knowledge; Ineffective Health Maintenance; Ineffective Management of Therapeutic Regimen; Health Seeking Behaviors; Other: _____

NUTRITIONAL-METABOLIC PATTERN

Height _____ Weight _____ Body Mass Index _____
Recent Increase _____ (amt/time) **Decrease** _____ (amt/time)

Obese (Explain) _____ Undernourished (Explain) _____

Type of Diet in the Hospital	Date/ % eaten	Date/ % eaten	Date/ % eaten	Date/ % eaten		Typical Dietary Intake at Home Prescribed Home Diet:
Breakfast					Breakfast	
Lunch					Lunch	
Dinner					Dinner	
Snacks					Snacks	

Problems eating/digesting foods: difficulty swallowing nausea vomiting abdominal pain

antacid use

other/explain: _____

Dentition: Condition _____ **Dentures:** upper lower

Oral Mucosa: Intact Pink Moist Dry Lesions

other/explain: _____

Appetite: normal increased decreased **Taste Sensation:** normal impaired

explain: _____

Home Blood Glucose Monitoring: no yes

Tube Feeding: Type of Feeding/cc/hr _____ Residuals(time/amt) _____

Type of Feeding Tube: NG PEG/PEJ

Total Parenteral Nutrition Rate of TPN _____

Type of IV Access: peripheral PICC Central Line Port Other: _____

Appearance of IV Site: _____

INTAKE

OUTPUT

Date				Date			
PO				Urine			
Tube Feed				NG/Drains			
IV				Emesis			
Other				Stool			

24 hr total _____

24 hour total _____

Drains: Site(s) _____ Color: _____

Nails: color _____ shape _____ condition _____ other _____

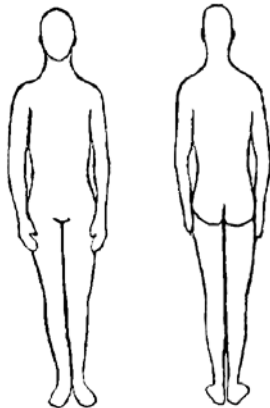
General Skin Color/Texture: General Skin Color/Texture _____

Skin: warm cool dry diaphoretic/clammy intact Other (explain) _____

Edema: no yes Grading (0-4+) _____ site(s)/explain _____

Skin Turgor: no tenting/ supple delayed return/tents Site: _____

Identify and Describe any skin lesions on the figure:

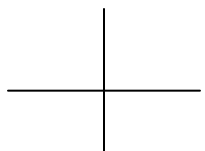


BRADEN SCALE (Circle the appropriate number and calculate the total the score)						
Sensory/Percept.	Moisture	Activity	Mobility	Nutrition	Friction and Shear	Total
Completely Limited 1	Constantly Moist 1	Bedfast 1	Immobile 1	Very Poor 1	Problem 1	
Very Limited 2	Very Moist 2	Chairfast 2	Very Limited 2	Prob. Inadequate 2	Potential Prob. 2	
Sl. Limited 3	Occasion. Moist 3	Walks Occasion. 3	Sl. Limited 3	Adequate 3	No Problem 3	
No Impairment 4	Rarely Moist 4	Walks Freq. 4	No Limitations 4	Excellent 4		
TOTAL BRADEN SCORE LESS THAN 16 INDICATES RISK OF PRESSURE ULCER!						

Significant Clustered Data:

Nursing Diagnoses: Risk/Deficient Fluid Volume; Excess Fluid Volume; Risk/Imbalanced Fluid Volume; Nausea; Risk/Nutrition: Imbalanced More Than; Nutrition Less Than; Impaired Swallowing; Impaired Detention; Impaired Oral Mucous Membranes; Impaired Tissue Integrity; Risk/Impaired Skin Integrity; Risk/Infection; Other: _____

ELIMINATION PATTERN



Label in the Abdominal Quadrants:

1) Presence of an Ostomy and 2) Presence of Bowel Sounds: Present (+) or Absent (-)

Abdomen: soft semi soft firm distended flat tender

Usual Bowel Habits: normal pattern/frequency _____ **Last Bowel Movement:** _____

Bowel Elimination: no problem diarrhea constipation incontinent Other: _____

Stool: Color _____ Consistency _____ Amount _____

Ostomy: Colostomy Ileostomy Urostomy Describe: _____

Rectum: No problem rashes lesions hemorrhoids other _____

Bladder Function: No problem continent incontinent urgency frequency

dribbling pain Foley Catheter Suprapubic Catheter Urostomy

Adult Briefs Voiding Schedule no yes

Urine: clear yellow cloudy sediment **Bladder Distention:** no yes

Bladder Scan Amt _____ **Anuria:** no yes explain: _____

Dialysis: Hemo Peritoneal Dialysis Access Site describe: _____

Significant Clustered Data: _____

Nursing Diagnoses: Risk/Constipation; Diarrhea; Bowel Incontinence; Total Urinary Incontinence; Impaired Urinary Elimination; Risk/Urinary Retention; Other: _____

ACTIVITY-EXERCISE PATTERN						
Vital Signs	Date	Temperature	Pulse	Respirations	Blood Pressure	Pulse Ox/FiO2

Apical Rhythm: regular irregular **Capillary Refill:** < 3 Secs. Delayed

Palpable Strength of Peripheral Pulses: 0=None; 1=Weak; 2=Moderate; 3=Strong; D=Doppler

Pulses: Brachial=B; Radial=R; Popliteal=P; Femoral=F; Dorsalis Pedis=DP; Posterior Tibial=PT

Date	Pulse	Strength	Pulse	Strength	Pulse	Strength	Pulse	Strength	Pulse	Strength
	(R)		(R)		(R)		(R)		(R)	
	(L)		(L)		(L)		(L)		(L)	

Supplemental Oxygen: no yes nasal cannula /L/min _____ mask O2

% _____

Current use of tobacco: N Y _____ pk/day **Expressed desire/motivation to quit:** no

yes **History of tobacco use:** Type: _____ Years Used _____ Quit Date: _____

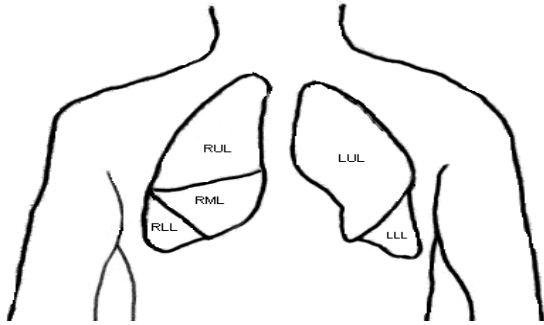
Respiratory Effort: even/regular unlabored labored use of accessory muscles

Respiratory Depth: shallow normal deep

Difficulty in Breathing: No Y at rest with exertion of: _____

Cough: No Y nonproductive productive sputum color _____

sputum consistency _____ sputum amount _____



Breath Sounds: Document Location

Cl= Clear; D= Diminished; 0= Absent

Cr= Crackles; R= Rhonchi; Wh=Wheeze

Incentive Spirometer: Level Achieved _____ how often used: _____

Suctioning: no yes how often _____ color/amount _____

Artificial Airway: no yes type _____ size/ appearance _____

Chest Tube: Right Left drainage color/amount _____ suction: no yes _____ cm

Activities of Daily Living/Self Care Ability: 0= Independent/ Requires no assistance; 1=Requires use of an Assistive Device; 2= Requires One Person Assistance; 3= Requires One Person Assistance and an Assistive Device; 4= Requires Two Person Assistance; Dependent

	Score		Score		Score
Eating/Drinking		Bathing		Dressing	
Toileting		Bed Mobility		Transferring	
Ambulating					

Response to Activities of Daily Living: No Difficulty Fatigue

Dyspnea/Difficulty in Breathing Other: _____

Musculoskeletal: Gait: steady unsteady **Posture** _____

Upper Extremities: Strength: equal unequal Strong Moderate Weak

ROM: full limited explain: _____

Lower Extremities: Strength: equal unequal Strong Moderate Weak

ROM: full limited explain: _____

Assistive Devices Used: walker cane wheelchair crutches prosthesis

Participates in Physical Therapy: no yes describe: _____

History of falls: no Y explain: _____

Significant Clustered Data:

Nursing Diagnoses: Risk/Activity Intolerance; Fatigue; Impaired Physical Mobility; Self Care Deficit: bathing/hygiene, dressing/grooming, feeding, toileting; Risk for Falls; Impaired Airway Clearance; Ineffective Breathing Pattern; Ineffective Tissue Perfusion; Impaired Gas Exchange; Decreased Cardiac Output; Other:

SLEEP-REST PATTERN

Typical Home Sleep pattern: _____ hrs/ night Naps _____ times /day
Typical Hospital Sleep pattern: _____ hrs/ night Naps _____ times /day

Sleep difficulties: insomnia sleep apnea other _____ Sleep aids: _____

Significant Clustered Data: _____

Nursing Diagnoses: Risk/Sleep Pattern Disturbance; Other:

SEXUALITY-REPRODUCTIVE PATTERN

Verbalized impact of illness, meds and treatment on sexuality: no yes Explain: _____

Breasts: WNL Variation: _____

Genitalia: WNL Discharge Lesions Bleeding Explain: _____

History of STD's: no y **Sexually active:** no y **Contraceptive Use:** no y **Pregnant:** no y

Annual/Monthly Screening Exams: GYN/Mammogram no yes Prostate/Testicular no yes

Significant Clustered Data: _____

Nursing Diagnoses: Sexual Dysfunction; Ineffective Sexuality Patterns; Ineffective Health Maintenance; Other: _____

COGNITIVE-PERCEPTUAL PATTERN

English as Primary Language: yes no explain: _____

Mental Status: Orientation: Person Place Time

Level of Consciousness: alert drowsy/lethargic difficult/unable to arouse

Memory: Intact Recent Memory Deficit Remote Memory Deficit

Thought Processes: Answers questions appropriately Answers unreliably/ poor history
Confused Ability to comprehend directions: yes no explain: _____

Restraints: Indication for use: _____ Restraint Type: _____

Restraint Alternatives: Bed Alarm Sitter Frequent Observations Side rails

other: _____

Verbalized Understanding of illness/treatment: _____

Identified Barriers to Learning: _____

Pupils: PERRL yes no explain: _____

Vision: Normal glasses contacts Explain: _____

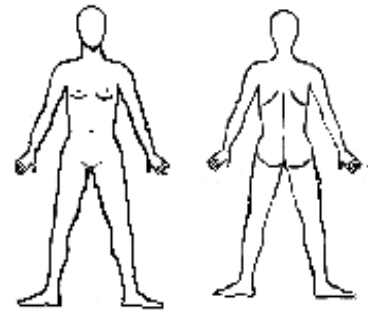
Hearing: Normal impaired aid used: R L Explain: _____

Peripheral sensory perception: heat/cold intolerance numbness/tingling

explain: _____

Pain Assessment/ Management: See Codes below to complete the pain related assessments

Time/Date					
Pain Score (0-10)					
Pain Quality					
Pharmacologic Treatment					
Non pharmacologic Treatment					
Side effects					
Other Indicators of Pain					



Pain Lasting Longer than six months? no yes

Aggravating Factors: _____

Alleviating Factors: _____

Desired Pain Score (0-10) _____

CODES

Quality	Pharmacologic Treatment	Nonpharmacologic Treatment	Side Effects	Other Indicators of Pain
1. Aching	1. PCA	1. Massage	1. Sedation	1. Facial grimacing
2. Burning	2. Epidural	2. Distraction	2. Constipation	2. Tearful
3. Cramping	3. IV	3. Music	3. Hypotension	3. Moaning, Crying
4. Sharp	NSAID	4. Positioning	4. Nausea & Vomiting	4. Rigid Posture
5. Shooting	4. PO Opioid	5. Heat/cold	5. Itching	5. Guarding
6. Dull	5. PO NSAID	6. Other	6. Urinary Retention	6. Restlessness
7. Spasm	6. IM/SQ Med		7. Numbness & Tingling	7. Withdrawal
8. Throbbing	7. Other		8. Other	8. Elevated Vital Signs
9. Other				9. Other
	Meds Used:			

Significant Clustered Data:

Nursing Diagnoses: Confusion Acute; Confusion Chronic; Impaired Memory; Acute Pain; Chronic Pain; Disturbed Sensory Perceptual; Disturbed Thought Processes, Other:

ROLE- RELATIONSHIP PATTERN

Retired or Current Occupation: _____
Support Systems: Marital Status: Married Widowed Divorced Single Life Partner
Identified Support Systems/Individuals:

Socialization: Receives phone calls, visitors, cards other: _____
Changes in life roles/relationships: _____
Verbalized Fear of Violence: no yes explain: _____
Significant Clustered Data: _____
Nursing Diagnoses: Grieving; Risk/Loneliness; Ineffective Role Performance; Impaired Social Interaction; Social Isolation; Other: _____

SELF-PERCEPTION/SELF-CONCEPT PATTERN

Erickson's Age Related Developmental Stage: _____
Clients Developmental Stage (from Erickson): _____ **aeb:**

Verbalized identification with a particular cultural group: No Y explain: _____
Indicators of Culture: Cultural Cues evidenced in Communication Style, Family Patterns, Space Orientation, Time Orientation and Nutritional Patterns _____

Identified/ Verbalized Major Losses or Life Changes: no yes explain: _____
Emotional/Behavioral State: calm happy sad depressed agitated
combative angry anxious other/explain: _____
Significant Clustered Data:

Nursing Diagnoses: Impaired Adjustment; Hopelessness; Risk Powerlessness; Grieving

Other: _____

COPING-STRESS TOLERANCE PATTERN

Behaviors/Statements Indicating Adjustment to Stressors/Illness:

Behaviors/Statements Indicating Impaired Adjustment to Stressors/Illness:

Home use of drugs and/or alcohol for coping: no yes explain: _____

Interest in alternative coping strategies: no yes explain: _____

Significant Clustered Data: _____

Nursing Diagnoses: Impaired Adjustment; Ineffective Coping; Ineffective Denial;

Other: _____

VALUES-BELIEF PATTERN

Verbalization of that which is most valued in life:

Verbalization of self as a spiritual or religious person: no yes Explain: _____

Request for spiritual support while hospitalized: no yes

visits from chaplain prayer communion other: _____

Environmental spiritual cues: _____

Behavioral/ Verbalized Cues of Spiritual Distress: _____

Significant Clustered Data: _____

Nursing Diagnoses: Risk/ Spiritual Distress; Readiness for Enhanced Spiritual Well Being

Other: _____

FUTURE HEALTHCARE NEEDS/DISCHARGE PLANS

Nurse Anticipated Future HealthCare Plans: Home ; ECF ; Live with Relative ; Rehabilitation ; Subacute Nursing Facility ; Hospice Care Home Care

Other: _____

Anticipated Discharge Needs:

Nursing/Nurses Aide: _____

Dietary/Nutrition: _____

Equipment/Medications _____

Medical: _____

Specific Discharge Instructions:

MEDICATIONS TAKEN AT HOME

(prescription, over the counter, herbal, etc.)

Name of Drug/ Dose/Schedule	Client statement of the medications purpose

TEXTBOOK DESCRIPTION of the MEDICAL DIAGNOSIS	CLIENTS PRESENTATION OF DISEASE PROCESS
Etiology	
Pathophysiology	
Diagnostics – How is condition diagnosed?	
Signs & Symptoms-Clinical Manifestations	
Medical and Nursing Management	

Reference Source _____

DIAGNOSTIC STUDIES/ PROCEDURES (include date/time and diagnostic findings/results)

Xrays/Scans:

Procedures:

EKG:

Other:

LABORATORY STUDIES

Test	Hospital Norms	Date	Date	Date	1. Explain why the test was ordered for this client. 2. Correlate the abnormal finding to the client's conditions.
CBC RBC	M= _____ F= _____				
	HGB	M= _____ F= _____ NB= _____			
HCT	M= _____ F= _____				
Platelets	_____				
WBC	_____				
DIFFERENTIAL					
Neutrophils	_____				
Eosinophils	_____				
Basophils	_____				
Lymphocytes	_____				
Monocytes	_____				
ELECTROLYTES					
Na ⁺	_____				
K ⁺	_____				
Cl	_____				
HCO ³ venous CO ₂	_____				
Ca	_____				
P	_____				
BLOOD SUGAR					
Fasting (FBS)	_____				
Random	_____				
Fingerstick	_____				
HbA _{1c}	_____				
METABOLIC END PRODUCTS					
BUN	_____				
Creatinine	_____				
Ammonia	_____				
LIPID PROFILE					
Cholesterol	_____				
HDL	_____				
HDL:Ratio	_____				
LDL	_____				
Triglycerides	_____				

Test	Hospital Norms	Date	Date	Date	1. Explain why the test was ordered for this client. 2. Correlate the abnormal finding to the client's conditions.
Troponin					
CPK	M: _____ F: _____				
CPK MB:	_____				
LDH	_____				
Isoenzymes	_____				
SGOT/AST	_____				
SGPT/ALT	_____				
Brain Natriuretic Peptide	_____				
Alkaline Phosphatase	_____				
Amylase	_____				
Lipase	_____				
Total Protein	_____				
Prealbumin	_____				
Albumin	_____				
Total Bilirubin	_____				
Bilirubin Direct Conjugated	_____				
Uric Acid	_____				

Blood Clotting Studies	Hospital Norm or Control	Therapeutic Goal for the Client	Date Time	Date Time	Date Time	Explain
PT	_____					
PTT	_____					
INR	_____					
Drug Blood Levels		Therapeutic Goal for the Client			Date	Explain

ARTERIAL BLOOD GASES	Norms	Date			Explain
PH	7.35-7.45				
PaO ₂	90-100				
PaCO ₂	35-45				
O ₂ Saturation	95-97				
HCO ₃	22-26				

URINALYSIS					
Sp. Gr.	1.001-1.035	Casts 0-1			
pH	4.5-7.5	Granular=occasional			
WBC	1-2	Bacteria =rare			
RBC	0-1				
Culture/Sensitivities					
Other					

DIRECTIONS FOR THE MASTER PROBLEM LIST and/or MASTER PROBLEM MAP:

- 1) **List** Possible, Risk and Actual **Nursing Diagnoses** and **Prioritize** using High, Medium or Low.
- 2) **List** an appropriate **NOC with 2 indicators** for each Nursing Diagnoses.

PRIORITY	NANDA NURSING DIAGNOSES	NOC WITH 2 NOC INDICATORS
	DX: R/T: AEB:	
	DX: R/T: AEB:	
	DX: R/T: AEB:	
	DX: R/T: AEB:	
	DX: R/T: AEB:	
	DX: R/T: AEB:	
	DX: R/T: AEB:	
	DX: R/T: AEB:	
	DX: R/T: AEB:	
	DX: R/T: AEB:	