



Appendix C
Oakland Community College Nursing Department/Nursing 1410

Student: _____ Date: _____

**NURSING ASSESSMENT OF FUNCTIONAL HEALTH PATTERNS:
Extended Care Facility (ECF)**

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 (MPL) or Master Problem Map (MPM) of Nursing Diagnoses.
- 6) **Identify** a Nursing Outcome Classification with two indicators for each NANDA on the Master Problem List/Map.

Initials _____ Age _____ Sex: M F Ethnicity: _____
 Admission Date _____ Room Number _____
 Admitted From: Home Hospital Assisted Living other Lived With: _____
 Admitting Medical Diagnoses: _____

HEALTH PERCEPTIONS - HEALTH MANAGEMENT PATTERN

Reason for placement in the Extended Care Facility: _____

Past Medical History (dates): _____

Past Surgical History (dates): _____

Allergies: _____

Code Status: _____

Advanced Directives: _____

Medical Durable Power of Attorney: _____

Significant Clustered Data: _____

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

NUTRITIONAL-METABOLIC PATTERN

Height _____ Weight _____ Body Mass Index (BMI) _____
 Recent Increase _____ (amt/time) _____ Decrease _____ (amt/time) _____
 Obese (Explain) _____ Undernourished (Explain) _____

Type of Diet in the ECF: _____

	Date/ % eaten	Date/ % eaten	Date/ % eaten	Date/ % eaten
Breakfast				
Lunch				
Dinner				
Snacks				

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

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

Oral Mucosa: Intact Pink Moist Dry Lesions other/explain: _____

Clients perception of appetite: normal increased decreased

Taste Sensation: normal impaired explain: _____

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

Type of Feeding Tube: NG PEG/PEJ

INTAKE

OUTPUT

Date	_____	_____	_____	Date	_____	_____	_____
Oral	_____	_____	_____	Urine	_____	_____	_____
Tube Feed	_____	_____	_____	# of Briefs	_____	_____	_____
Other	_____	_____	_____	Stool	_____	_____	_____
24 hr totals	_____	_____	_____	Other	_____	_____	_____
				24 hr totals	_____	_____	_____

Nails: color _____ shape _____ condition _____ other: _____

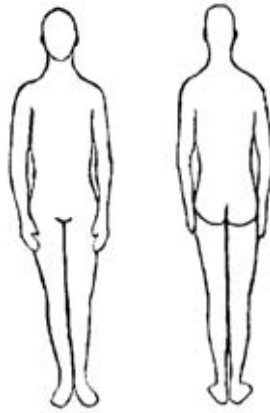
General Skin Color/Texture: General Skin Color/Texture _____

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:



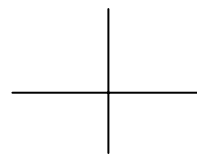
BRADEN SCALE (Circle the appropriate number and calculate the total the score)						
Sensory/Percept.	Moisture	Activity	Mobility	Nutrition	Friction and Shear	Total
Completely Limited 1	Constantly Moist 1	Bedfast 1	Immobile 1	Very Poor 1	Problem 1	
Very Limited 2	Very Moist 2	Chairfast 2	Very Limited 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 Describe: _____

Rectum: No problem rashes lesions hemorrhoids other: _____

Bladder Function: continent incontinent urgency frequency dribbling pain
 Foley Catheter ; Urostomy ; Suprapubic Catheter ; Adult Briefs
 Voiding Schedule: no yes **Urine:** clear yellow cloudy sediment other: _____

Significant Clustered Data:

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

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

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

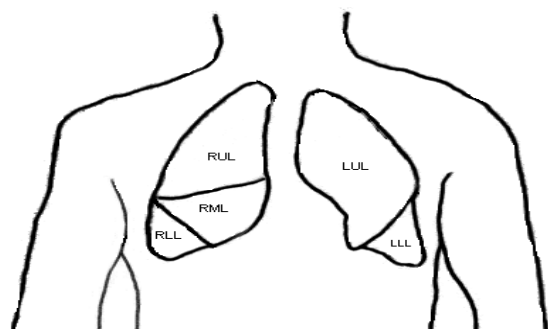
Palpable Strength of Peripheral Pulses: 0=None; 1=Weak; 2=Moderate; 3=Strong; D=Doppler

Pulse	Strength	Pulse	Strength	Pulse	Strength	Pulse	Strength
R Dorsalis Pedis		R Radial					
L Dorsalis Pedis		L Radial					

Supplemental Oxygen: no yes nasal cannula /L/min _____ mask O2 % _____
Current use of tobacco: N Y _____ pk/day **Expressed desire/motivation to quit:** n y
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 Yes at rest with exertion of: _____
Cough: N Y nonproductive productive
Sputum: color _____ consistency _____ amount _____

Breath Sounds: Document Location
 CL= Clear; D= Diminished; 0= Absent
 CR= Crackles; R= Rhonchi; Wh= Wheeze



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= Two Person Assist, Dependent requiring Total Assistance

	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

Lower Extremities: Strength: equal unequal Strong Moderate Weak
ROM: full limited

Assistive Devices Used: walker cane wheelchair crutches prosthesis

Participates in Physical or Restorative Therapy: no yes describe: _____

History of falls: N 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; Other: _____

SLEEP-REST PATTERN

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

Sleep difficulties: insomnia sleep apnea Sleep aids: _____

Significant Clustered Data:

Nursing Diagnoses: 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: _____

Sexually active: N Y Annual Exams: GYN _____ (date)

Mammogram _____ (date) Prostate _____ (date)

Significant Clustered Data:

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

COGNITIVE-PERCEPTUAL PATTERN

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 historian Confused Ability to comprehend directions: yes no explain :

Restraints: Indication for use: _____ Restraint Type: _____

Restraint Alternatives: Wandergard Bed/Chair Alarm Lap Buddy

Frequent Observations Other: _____

Verbalized Understanding of illness/treatment: _____

Identified Barriers to Learning: _____

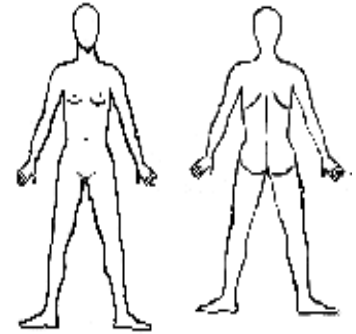
Vision: Normal glasses contacts Explain: _____

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. PO Opioid	1. Massage	1. Sedation	1. Facial Grimacing
2. Burning	2. PO NSAID	2. Distraction	2. Constipation	2. Tearful
3. Cramping	3. IM/SQ Med	3. Music	3. Hypotension	3. Moaning & Crying
4. Sharp	4. Other	4. Positioning	4. Nausea/Vomiting	4. Rigid Posture
5. Shooting		5. Heat/cold	5. Other	5. Guarding
6. Dull	Meds Used:	6. Other		6. Restlessness
7. Spasm				7. Withdrawal
8. Throbbing				8. Elevated Vital Signs
9. Other				9. Other

Significant Clustered Data:

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

ROLE- RELATIONSHIP PATTERN

Occupation prior to retirement/disability: _____

Support Systems: Marital Status: Married Widowed Divorced Single

Verbalized Support Systems/ Individuals: _____

Supportive Visitors: _____

Socialization: Participation in Recreational Therapy no yes music therapy

holiday activities bingo/games other: _____

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 Yes 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 other/explain: _____

Significant Clustered Data:

Nursing Diagnoses: Impaired Adjustment; Hopelessness; Powerlessness; Grieving

Other: _____

COPING-STRESS TOLERANCE PATTERN

Behaviors/Statements Indicating Adjustment to Stressors: _____

Behaviors/Statements Indicating Impaired Adjustment to Stressors:

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:

Participation in spiritual activities: no yes explain: _____

Environmental spiritual cues: _____

Behavioral/ Verbalized Cues of Spiritual Distress: _____

Significant Clustered Data:

Nursing Diagnoses: Spiritual Distress; Readiness for Enhanced Spiritual Well Being, Other:

FUTURE HEALTHCARE NEEDS/DISCHARGE PLANS

Future HealthCare Plans:

Remain at ECF explain: _____

Discharge Home explain: _____

Discharge to Live with Relative explain: _____

Reside in an Assisted Living Facility explain: _____

Further Rehabilitation explain: _____

Admit to a Subacute Nursing Facility explain: _____

Hospice Care explain: _____

Other: _____

