

Oakland Community College Nursing Department/NUR 1530

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**NURSING ASSESSMENT OF FUNCTIONAL HEALTH PATTERNS**

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): \_\_\_\_\_

**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; Risk Prone Health Behavior; 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 Hospital | Date/<br>% eaten | Date/<br>% eaten | Date/<br>% eaten | Date/<br>% eaten | Typical Dietary Intake at Home<br>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 (TF):**Type of Feeding/cc/hr \_\_\_\_\_ Residuals(time/amt) \_\_\_\_\_

**Type of Feeding Tube:** NG  PEG/PEJ

**Total Parenteral Nutrition (TPN) Rate** \_\_\_\_\_

**Type of IV Access(s):** peripheral  PICC  Central Line  Port  Other: \_\_\_\_\_

**Appearance of IV Site:** \_\_\_\_\_

**INTAKE**

**OUTPUT**

| Date               |       |       | Date                 |       |       |
|--------------------|-------|-------|----------------------|-------|-------|
| PO                 | _____ | _____ | Urine                | _____ | _____ |
| Tube Feed          | _____ | _____ | Stool                | _____ | _____ |
| IV                 | _____ | _____ | Emesis/NG            | _____ | _____ |
| Other              | _____ | _____ | Drains/Other         | _____ | _____ |
| <b>24 hr total</b> | _____ | _____ | <b>24 hour total</b> | _____ | _____ |

**Drains:** Site(s) \_\_\_\_\_ Color: \_\_\_\_\_

**Nails:** color \_\_\_\_\_ shape \_\_\_\_\_ condition \_\_\_\_\_ other \_\_\_\_\_

**General Skin Color/Texture:** General Skin Color/Texture \_\_\_\_\_

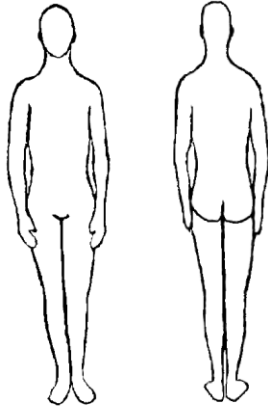
**Skin:** warm  cool  dry  diaphoretic/clammy  intact

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 for infection ; Risk for Aspiration; Risk for Unstable Blood Glucose;  
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

Other: \_\_\_\_\_

**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:** 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; Urinary Retention; Other: \_\_\_\_\_

|                                  |
|----------------------------------|
| <b>ACTIVITY-EXERCISE PATTERN</b> |
|----------------------------------|

| Vital Signs | Date | Temperature | Pulse | Respirations | Blood Pressure | Pulse Ox/<br>FiO2 |
|-------------|------|-------------|-------|--------------|----------------|-------------------|
|             |      |             |       |              |                |                   |
|             |      |             |       |              |                |                   |
|             |      |             |       |              |                |                   |

**Apical Rhythm:** regular  irregular  Other: \_\_\_\_\_

**Capillary Refill:** < 3 secs.  delayed  Other: \_\_\_\_\_

**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:** no  yes  \_\_\_\_\_ pk/day

**Expressed desire/motivation to quit:** no  yes  **History of tobacco use:** Type: \_\_\_\_\_ Years

Used \_\_\_\_\_ Quit Date: \_\_\_\_\_

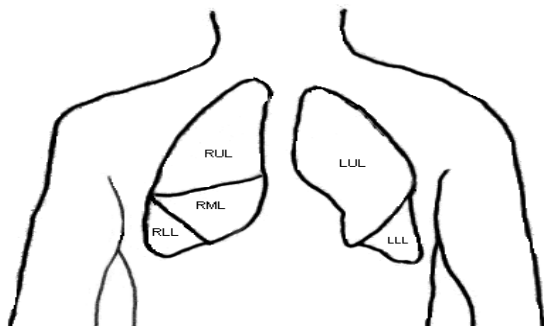
**Respiratory Effort:** even/regular  unlabored  labored  use of accessory muscles

**Respiratory Depth:** shallow  normal  deep

**Difficulty in Breathing:** no  yes  at rest  with exertion of: \_\_\_\_\_

**Cough:** no  yes  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  yes  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; Gas Exchange Impaired; 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:** Sleep Deprivation; Readiness for Enhanced Sleep; Insomnia;

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

Other: \_\_\_\_\_

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:** Bed Alarm  Sitter  Frequent Observations  Side rails   
 other: \_\_\_\_\_

**Verbalized Understanding of illness/treatment:** \_\_\_\_\_

**Identified Barriers to Learning:** \_\_\_\_\_

**Pupils:** PERRL yes  no  explain: \_\_\_\_\_

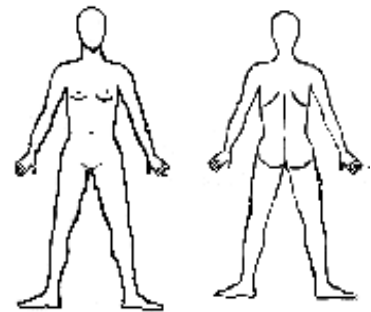
**Vision:** Normal  glasses  contacts  Explain: \_\_\_\_\_

**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    |  |  |  |  |  |
| Nonpharmacologic Treatment |  |  |  |  |  |
| Side effects               |  |  |  |  |  |
| Other Indicators of Pain   |  |  |  |  |  |



**Pain Lasting Longer than six months?** no  yes

**Aggravating Factors:** \_\_\_\_\_

**Alleviating Factors:** \_\_\_\_\_

**Desired Pain Score (0-10)** \_\_\_\_\_

| Quality      | Pharmacologic | Nonpharmacologic | Side Effects           | 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     | 4. NSAID      | 4. Positioning   | 4. Nausea & Vomiting   | 4. Rigid Posture        |
| 5. Shooting  | 5. PO Opioid  | 5. Heat/cold     | 5. Itching             | 5. Guarding             |
| 6. Dull      | 6. PO NSAID   | 6. Other         | 6. Urinary Retention   | 6. Restlessness         |
| 7. Spasm     | 7. IM/SQ Med  |                  | 7. Numbness & Tingling | 7. Withdrawal           |
| 8. Throbbing | 8. Other      |                  | 8. Other               | 8. Elevated Vital Signs |
| 9. Other     |               |                  |                        | 9. Other                |
|              | Meds Used:    |                  |                        |                         |

**Significant Clustered Data:**

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**Nursing Diagnoses:** Confusion Acute; Confusion Chronic; Impaired Memory; Acute Pain; Chronic Pain; Disturbed Sensory Perceptual; Disturbed Thought Processes, Impaired Environmental Interpretation Syndrome; Comfort, Readiness for Enhanced; Impaired Verbal Communication; Ineffective Protection; Other \_\_\_\_\_

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### 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:** \_\_\_\_\_

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**Nursing Diagnoses:** Grieving; Risk/Loneliness; Ineffective Role Performance; Impaired Social Interaction; Social Isolation; Risk for Caregiver Role Strain; Other: \_\_\_\_\_

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### SELF-PERCEPTION/SELF-CONCEPT PATTERN

**Erickson's Age Related Developmental Stage:** \_\_\_\_\_  
**Clients Developmental Stage (from Erickson):** \_\_\_\_\_ as evidenced by: \_\_\_\_\_

**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 \_\_\_\_\_

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**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:** \_\_\_\_\_

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**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: \_\_\_\_\_





| TEXTBOOK DESCRIPTION of the<br>MEDICAL DIAGNOSIS<br>of _____ | CLIENTS PRESENTATION OF<br>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  | Norms  | Date | Date | Date | 1. Explain why the test was ordered for this client.<br>2. Correlate the abnormal finding to the client's conditions. |
|---|--|------|------|------|---|
| <b>CBC</b><br>RBC   | M=4.5-6X10 <sup>6</sup> /mm <sup>3</sup><br>F= 4-5 X10 <sup>6</sup> /mm <sup>3</sup> |      |      |      |   |
| HGB   | M= 13.5-18.0 g/dl<br>F= 12.0-16.0 g/dl   |      |      |      |   |
| HCT   | M= 40%-54%<br>F= 38%-47%   |      |      |      |   |
| Platelets   | 150-400 X10 <sup>3</sup> /mm <sup>3</sup>  |      |      |      |   |
| WBC   | 4.0-11.0 X10 <sup>3</sup> /mm <sup>3</sup>   |      |      |      |   |
| <b>ELECTROLYTE</b>  |  |      |      |      |   |
| Na <sup>+</sup>   | 135-145 mEq/L  |      |      |      |   |
| K <sup>+</sup>  | 3.5-5.0 mEq/L  |      |      |      |   |
| Cl  | 95-105 mEq/L   |      |      |      |   |
| CO <sub>2</sub>   | 20-30 mEq/L  |      |      |      |   |
| Mg  | 1.5-2.5 mEq/L  |      |      |      |   |
| Ca  | 9-11 mg/dl   |      |      |      |   |
| P   | 2.8-4.5mg/dl   |      |      |      |   |
| <b>BLOOD GLUCOSE</b><br>Fasting (FBS)<br>AC/HS<br><br>Accuchecks<br>HbA <sub>1c</sub> | 70-100 mg/dl<br><br><br>4.0-6.0%   |      |      |      |   |
| BUN<br>Creatinine   | 10-30 mg/dl<br>0.5-1.5 mg/dl   |      |      |      |   |
| <b>LIPID PROFILE</b><br>Cholesterol<br><br>HDL<br>LDL<br><br>Triglycerides            | 140-200 mg/dl<br>37-70 male<br>40-88 female<br>< 130 mg/dl<br>40-150 mg/dl           |      |      |      |   |

| Test          | Norms        | Date | Date | Date | 1. Explain why the test was ordered for this client.<br>2. Correlate the abnormal finding to the client's conditions. |
|---------------|--------------|------|------|------|---|
| Troponin T    | <0.1 ng/ml   |      |      |      |   |
| CK: MB        | <5%          |      |      |      |   |
| BNP           | < 100 pg/ml  |      |      |      |   |
| TSH           | 0.3-5.4 U/ml |      |      |      |   |
| T4 Total      | 5-12 mcg     |      |      |      |   |
| AST           | 7-40 U/L     |      |      |      |   |
| ALT           | 5-36 U/L     |      |      |      |   |
| Ammonia       | 30-70 mcg/dl |      |      |      |   |
|               |              |      |      |      |   |
| Amylase       | 0-130 U/L    |      |      |      |   |
| Lipase        | 0-160 U/L    |      |      |      |   |
| Total Protein | 6.0-8.0 g/dl |      |      |      |   |
| Prealbumin    | 20 mg/dl     |      |      |      |   |
| Albumin       | 3.5-5.0 g/dl |      |      |      |   |
| Others:       |              |      |      |      |   |
|               |              |      |      |      |   |
|               |              |      |      |      |   |

| COAGULATION STUDIES | Norm or Control | Therapeutic Goal for the Client |  |  |      | Explain |
|---------------------|-----------------|---------------------------------|--|--|------|---------|
| aPTT                | 24-36 sec       |                                 |  |  |      |         |
| PT                  | 10-14 sec.      |                                 |  |  |      |         |
| INR                 | <2.0            |                                 |  |  |      |         |
| Drug Blood Levels   |                 | Therapeutic Level               |  |  | Date | Explain |
|                     |                 |                                 |  |  |      |         |
|                     |                 |                                 |  |  |      |         |

| ARTERIAL BLOOD GASES | Norms     | Date | Date | Explain |
|----------------------|-----------|------|------|---------|
| PH                   | 7.35-7.45 |      |      |         |
| PaO <sub>2</sub>     | 75-100    |      |      |         |
| PaCO <sub>2</sub>    | 35-45     |      |      |         |
| HCO <sub>3</sub>     | 22-26     |      |      |         |
| O <sub>2</sub> Sat   | 95-97     |      |      |         |

| URINALYSIS            |             |                     |  |  |         |
|-----------------------|-------------|---------------------|--|--|---------|
| Sp. Gr.               | 1.001-1.035 | Casts 0-1           |  |  | Explain |
| 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 (H-M-L).
- 2) **List** an appropriate **NOC with 2 indicators** for each Nursing Diagnoses.

| <b>H-M-L</b> | <b>NANDA<br/>NURSING DIAGNOSES</b> | <b>NOC WITH<br/>2 NOC INDICATORS</b> |
|--------------|------------------------------------|--------------------------------------|
|              | DX:<br>R/T:<br>AEB:                |                                      |
|              | DX:<br>R/T:<br>AEB:                |                                      |
|              | DX:<br>R/T:<br>AEB:                |                                      |
|              | DX:<br>R/T:<br>AEB:                |                                      |
|              | DX:<br>R/T:<br>AEB:                |                                      |
|              | DX:<br>R/T:<br>AEB:                |                                      |
|              | DX:<br>R/T:<br>AEB:                |                                      |
|              | DX:<br>R/T:<br>AEB:                |                                      |
|              | DX:<br>R/T:<br>AEB:                |                                      |

**NANDA:**

R/T

AEB:

**NOC:**

1)  
2)

**NANDA:**

R/T

AEB:

**NOC:**

1)  
2)

**NANDA:**

R/T

AEB:

**NOC:**

1)  
2)

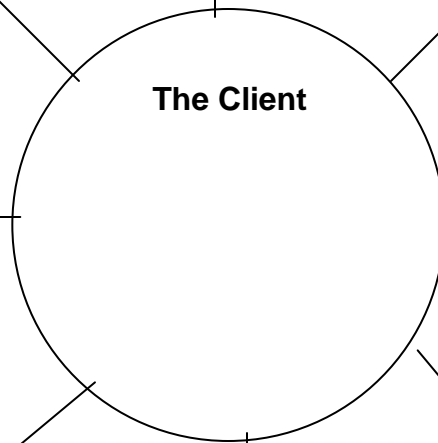
**NANDA:**

R/T

AEB:

**NOC:**

1)  
2)



**NANDA:**

R/T

AEB:

**NOC:**

1)  
2)

**NANDA:**

R/T

AEB:

**NOC:**

1)  
2)

**NANDA:**

R/T

AEB:

**NOC:**

1)  
2)

**NANDA:**

R/T

AEB:

**NOC:**

1)  
2)