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| NAME OF BENEFICIARY: DOB: MEDI-CAL #: CCS #: | | | | |  | | |
| **NURSING ASSESSMENT OF MEDICAL NECESSITY NEEDS .** | | | | |  | | |
| **DIAGNOSIS:** | | | | |  | | |
| **HX:** | | | | |  | | |
| **Neurological** | **Genitourinary** | | | |  | | |
| Verbal Non- Verbal WNL for Condition | Unremarkable Continent Incontinent | | | |  | | |
| Alert Lethargic Sedated Semi-Comatose | Discharge WNL for Developmental Stage: | | | |  | | |
| Oriented: Time Place Person | Urine: Color Odor:  Y N Appearance: | | | |  | | |
| Tone:  Active  Flaccid Jittery Rigid | Wet and soiled Diapers: | | | |  | | |
| Fontanel: N/A Flat Soft Sunken Tense Bulging | **Pain** | | | |  | | |
| Reflexes present: Suck Gag Grasp Startle Blink | Yes No | | | |  | | |
| Seizure Activity: Yes No See Seizure Record | Location: | | | |  | | |
| **Head (Mark R or L for Right/Left)** | Pain Quality: Aching Pressure Cramping Burning | | | |  | | |
| Face: Symmetrical Asymmetrical | Shooting Stabbing Throbbing Sharp | | | |  | | |
| Ears: Unremarkable Low Other | Pain Behaviors: Moaning Crying Grinding teeth | | | |  | | |
| Eyes: Cornea: Clear Opaque Sclera: White Pink eye | Restless Irritable | | | |  | | |
| Nose: Patent Other: | Pain at rest – FLACC Scale: w/activity: | | | |  | | |
| Mouth: Unremarkable Other: | **Mobility** | | | |  | | |
| **Cardiovascular** | Muscle Strength: Unimpaired Weak Hypertonic | | | |  | | |
| Heart tones: Strong Regular Irregular Murmur | Flaccid Ridged | | | |  | | |
| Color: Pink Flushed Pale WNL for Ethnicity | Gait: WNL N/ALimited UnsteadyAmbulatory | | | |  | | |
| Skin Temp: Warm Cool Cold Clammy Hot | Stroller Bedrest To bathroom | | | |  | | |
| Peripheral Pulses: Strong Bounding Weak Thready | with assist Hoyer Lift Standing Frame | | | |  | | |
| **Respiratory** | ADL: Self With Assistance Total Assistance | | | |  | | |
| Regular Labored Shallow Grunting Panting | Range of Motion: Passive Active CVA | | | |  | | |
| Nasel FlaringRetractions:Mild DeepAbdominal | Full ROMLimited ROM PROM exercise Contractures | | | |  | | |
| Breath Sound Clear Rales Rhonchi Diminished | Reposition 2hrs and PRN AFO’s Frequency\_\_\_\_\_\_\_ | | | |  | | |
| Stridor Wheezes | **Skin Condition** | | | |  | | |
| Cough: None Productive Non-Productive | Intact Clear Peeling Rash No S/S Infection | | | |  | | |
| Secretions: N/A Amount: Small Moderate Large | **Physician / Interdisciplinary Communication** | | | |  | | |
| Consistency: Thin Thick Tenacious Frothy | N/A MD / Interdisciplinary called / Visit Time: | | | |  | | |
| Color: N/A Clear White Yellow Green | Spoke with: | | | |  | | |
| Blood tinged Frank Bleeding Tan | To report: Orders received MD to call back | | | |  | | |
| **Gastrointestinal** | No new orders | | | |  | | |
| Abdomen: Soft Tense Flat Distended | **Daily Records** | | **Daily Records** | |  | | |
| Bowel Sounds: WNL Hyper Hypo Absent | **Time** | 0701-1900 | 1900-0701 | | | 1901-0700 | | |
| Feeding Tube: N/A NG G-TubeG-J-Tube Mickey | **PO** |  |  |  | | |  | | |
| Tube Care: 1/2 strength H2O2 + H2o NS | **G-Tube Feedings ML** |  |  |  | | |  | | |
| Warm soapy water Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Flushes** |  |  |  | | |  | | |
| G-tube Site: Dry Intact Redness Exconation | **Meds in ML** |  |  |  | | |  | | |
| Drainage No S/S of Infection Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **TPN ML** |  |  |  | | |  | | |
| Last BM \_\_\_\_\_\_\_\_\_\_\_ G-tube Care: N/A Type \_\_\_\_\_\_\_\_ | **Lipids ML** |  |  |  | | |  | | |
| **Intravenous** | **Suction** |  |  |  | | |  | | |
| N/A Peripheral PICC Central Line | **Emesis (ML)** |  |  |  | | |  | | |
| N/A Dressing changed Tech: Sterile Aseptic | **Urine** |  |  |  | | |  | | |
| Dressing Type: Transparent Gauze | **Stool / BM** |  |  |  | | |  | | |
| TPN Rate: Lipids Rate: | **Blood** |  |  |  | | |  | | |
| **Nutrition** | **Residue (ML)** |  |  |  | | |  | | |
| Diet: | **Bottle and tubing** |  |  |  | | |  | | |
| Formula Type: |  |  |  |  | | |  | | |
| Drip Rate: Hours Infused: |  | |  | |  | | |
| **Nursing Notes** | | | | |  | | |
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| **Nurses Signature:** | | | | |  | | |