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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/A[ ] Limited [ ] Unsteady[ ] Ambulatory |  |
| 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 [ ] Flaring[ ] Retractions:[ ] Mild [ ] Deep[ ] Abdominal | [ ] Full ROM[ ] Limited 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-Tube[ ] G-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:** |  |