

# Nursing Assessment Tool

This adult medical-surgical assessment tool is a suggested guide for creating a database reflecting a nursing focus. It can be adapted to meet the needs of specific patient populations.

## General Information

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
 Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_ From: \_\_\_\_\_  
 Source of Information: \_\_\_\_\_  
 Reliability (1-4 with 4 = very reliable): \_\_\_\_\_

## Activity/Rest

### SUBJECTIVE (REPORTS)

Occupation: \_\_\_\_\_ Usual activities: \_\_\_\_\_  
 Leisure time activities/hobbies: \_\_\_\_\_  
 Limitations imposed by condition: \_\_\_\_\_  
 Sleep: Hours: \_\_\_\_\_ Naps: \_\_\_\_\_ Aids: \_\_\_\_\_  
 Insomnia: \_\_\_\_\_ Related to: \_\_\_\_\_  
 Rested on awakening: \_\_\_\_\_  
 Excessive grogginess: \_\_\_\_\_  
 Feelings of boredom/dissatisfaction: \_\_\_\_\_

### OBJECTIVE (EXHIBITS)

Observed response to activity: Cardiovascular: \_\_\_\_\_  
 Respiratory: \_\_\_\_\_  
 Mental status (i.e., withdrawn/lethargic): \_\_\_\_\_  
 Neuro/muscular assessment:  
 Muscle mass/tone: \_\_\_\_\_  
 Posture: \_\_\_\_\_ Tremors: \_\_\_\_\_  
 ROM: \_\_\_\_\_ Strength: \_\_\_\_\_ Deformity: \_\_\_\_\_

## Circulation

### SUBJECTIVE (REPORTS)

History of:  
 Hypertension: \_\_\_\_\_ Heart trouble: \_\_\_\_\_  
 Rheumatic fever: \_\_\_\_\_ Ankle/leg edema: \_\_\_\_\_  
 Phlebitis: \_\_\_\_\_ Slow healing: \_\_\_\_\_  
 Claudication: \_\_\_\_\_  
 Dysreflexia: \_\_\_\_\_  
 Bleeding tendencies/episodes: \_\_\_\_\_  
 Palpitations: \_\_\_\_\_ Syncope: \_\_\_\_\_  
 Extremities: Numbness: \_\_\_\_\_ Tingling: \_\_\_\_\_  
 Cough/hemoptysis: \_\_\_\_\_  
 Change in frequency/amount of urine: \_\_\_\_\_

### OBJECTIVE (EXHIBITS)

BP: R and L: Lying/sit/stand: \_\_\_\_\_  
 Pulse pressure: \_\_\_\_\_ Auscultatory gap: \_\_\_\_\_  
 Pulses (palpation): Carotid: \_\_\_\_\_ Temporal: \_\_\_\_\_  
 Jugular: \_\_\_\_\_ Radial: \_\_\_\_\_ Femoral: \_\_\_\_\_  
 Popliteal: \_\_\_\_\_ Post-tibial: \_\_\_\_\_ Dorsalis pedis: \_\_\_\_\_  
 Cardiac (palpation): Thrill: \_\_\_\_\_ Heaves: \_\_\_\_\_  
 Heart sounds: Rate: \_\_\_\_\_ Rhythm: \_\_\_\_\_ Quality: \_\_\_\_\_  
 Friction rub: \_\_\_\_\_ Murmur: \_\_\_\_\_  
 Vascular bruit: \_\_\_\_\_ Jugular vein distention: \_\_\_\_\_  
 Breath sounds: \_\_\_\_\_

SOURCE: Doenges, Marilyn E., et al: Nursing Care Plans: Guidelines for Individualizing Patient Care, ed 5. FA Davis, Philadelphia, 2000.

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Extremities: Temperature: \_\_\_\_\_ Color: \_\_\_\_\_  
Capillary refill: \_\_\_\_\_  
Homans' sign: \_\_\_\_\_ Varicosities: \_\_\_\_\_  
Nail abnormalities: \_\_\_\_\_ Edema: \_\_\_\_\_  
Distribution/quality of hair: \_\_\_\_\_  
Trophic skin changes: \_\_\_\_\_  
Color: General: \_\_\_\_\_  
Mucous membranes: \_\_\_\_\_ Lips: \_\_\_\_\_  
Nailbeds: \_\_\_\_\_ Conjunctiva: \_\_\_\_\_ Sclera: \_\_\_\_\_  
Diaphoresis: \_\_\_\_\_

### Ego Integrity

#### SUBJECTIVE (REPORTS)

Stress factors: \_\_\_\_\_  
Ways of handling stress: \_\_\_\_\_  
Financial concerns: \_\_\_\_\_  
Relationship status: \_\_\_\_\_  
Cultural factors/ethnic ties: \_\_\_\_\_  
Religion: \_\_\_\_\_ Practicing: \_\_\_\_\_  
Lifestyle: \_\_\_\_\_ Recent changes: \_\_\_\_\_  
Sense of connectedness/harmony with self: \_\_\_\_\_  
Feelings of: Helplessness: \_\_\_\_\_ Hopelessness: \_\_\_\_\_  
Powerlessness: \_\_\_\_\_

#### OBJECTIVE (EXHIBITS)

Emotional status (check those that apply):  
Calm: \_\_\_\_\_ Anxious: \_\_\_\_\_ Angry: \_\_\_\_\_  
Withdrawn: \_\_\_\_\_ Fearful: \_\_\_\_\_ Irritable: \_\_\_\_\_  
Restive: \_\_\_\_\_ Euphoric: \_\_\_\_\_  
Observed physiological response(s): \_\_\_\_\_  
Changes in energy field:  
Temperature: \_\_\_\_\_ Color: \_\_\_\_\_ Distribution: \_\_\_\_\_  
Movement: \_\_\_\_\_  
Sounds: \_\_\_\_\_

### Elimination

#### SUBJECTIVE (REPORTS)

Usual bowel pattern: \_\_\_\_\_  
Laxative use: \_\_\_\_\_  
Character of stool: \_\_\_\_\_ Last BM: \_\_\_\_\_  
Diarrhea: \_\_\_\_\_ Constipation: \_\_\_\_\_  
History of bleeding: \_\_\_\_\_ Hemorrhoids: \_\_\_\_\_  
Usual voiding pattern: \_\_\_\_\_  
Incontinence/when: \_\_\_\_\_ Urgency: \_\_\_\_\_  
Frequency: \_\_\_\_\_ Retention: \_\_\_\_\_  
Character of urine: \_\_\_\_\_  
Pain/burning/difficulty voiding: \_\_\_\_\_  
History of kidney/bladder disease: \_\_\_\_\_  
Diuretic use: \_\_\_\_\_

#### OBJECTIVE (EXHIBITS)

Abdomen: Tender: \_\_\_\_\_ Soft/firm: \_\_\_\_\_  
Palpable mass: \_\_\_\_\_ Size/girth: \_\_\_\_\_  
Bowel sounds: Location: \_\_\_\_\_ Type: \_\_\_\_\_  
Hemorrhoids: \_\_\_\_\_ Stool guaiac: \_\_\_\_\_  
Bladder palpable: \_\_\_\_\_ Overflow voiding: \_\_\_\_\_  
CVA tenderness: \_\_\_\_\_

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**Food/Fluid****SUBJECTIVE (REPORTS)**

Usual diet (type): \_\_\_\_\_

Carbohydrate/Protein/Fat intake: g/d \_\_\_\_\_

Vitamin/food supplement use: \_\_\_\_\_

Food preferences: \_\_\_\_\_ Prohibitions: \_\_\_\_\_

No. of meals daily: \_\_\_\_\_

Dietary pattern/content: B: \_\_\_\_\_ L: \_\_\_\_\_ D: \_\_\_\_\_

Last meal/intake: \_\_\_\_\_

Loss of appetite: \_\_\_\_\_ Nausea/vomiting: \_\_\_\_\_

Heartburn/indigestion: \_\_\_\_\_

Related to: \_\_\_\_\_ Relieved by: \_\_\_\_\_

Allergy/food intolerance: \_\_\_\_\_

Mastication/swallowing problems: \_\_\_\_\_

Dentures: \_\_\_\_\_

Usual weight: \_\_\_\_\_ Changes in weight: \_\_\_\_\_

Diuretic use: \_\_\_\_\_

**OBJECTIVE (EXHIBITS)**

Current weight: \_\_\_\_\_ Height: \_\_\_\_\_ Body build: \_\_\_\_\_

Skin turgor: \_\_\_\_\_ Mucous membranes moist/dry: \_\_\_\_\_

Breath sounds: Crackles: \_\_\_\_\_ Wheezes: \_\_\_\_\_

Edema: General: \_\_\_\_\_ Dependent: \_\_\_\_\_

Periorbital: \_\_\_\_\_ Ascites: \_\_\_\_\_

Jugular vein distention: \_\_\_\_\_

Thyroid enlarged: \_\_\_\_\_

Condition of teeth/gums: \_\_\_\_\_

Appearance of tongue: \_\_\_\_\_

Mucous membranes: \_\_\_\_\_ Halitosis: \_\_\_\_\_

Bowel sounds: \_\_\_\_\_

Hernia/masses: \_\_\_\_\_

Urine S/A or Chemstix: \_\_\_\_\_

Serum glucose (glucometer): \_\_\_\_\_

**Hygiene****SUBJECTIVE (REPORTS)**

Activities of daily living: Independent/dependent (level):

Mobility: \_\_\_\_\_ Feeding: \_\_\_\_\_

Hygiene: \_\_\_\_\_ Dressing/Grooming: \_\_\_\_\_

Toileting: \_\_\_\_\_

Preferred time of personal care/bath: \_\_\_\_\_

Equipment/prosthetic devices required: \_\_\_\_\_

Assistance provided by: \_\_\_\_\_

**OBJECTIVE (EXHIBITS)**

General appearance: \_\_\_\_\_

Manner of dress: \_\_\_\_\_ Personal habits: \_\_\_\_\_

Body odor: \_\_\_\_\_ Condition of scalp: \_\_\_\_\_

Presence of vermin: \_\_\_\_\_

**Neurosensory****SUBJECTIVE (REPORTS)**

Fainting spells/dizziness: \_\_\_\_\_

Headaches: Location: \_\_\_\_\_ Frequency: \_\_\_\_\_

Tingling/numbness/weakness (location): \_\_\_\_\_

Stroke/brain injury (residual effects): \_\_\_\_\_

Seizures: Type: \_\_\_\_\_ Aura: \_\_\_\_\_

Frequency: \_\_\_\_\_ Postictal state: \_\_\_\_\_

How controlled: \_\_\_\_\_

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Eyes: Vision loss: \_\_\_\_\_ Last examination: \_\_\_\_\_

Glaucoma: \_\_\_\_\_ Cataract: \_\_\_\_\_

Ears: Hearing loss: \_\_\_\_\_ Last examination: \_\_\_\_\_

Sense of smell: \_\_\_\_\_ Epistaxis: \_\_\_\_\_

### OBJECTIVE (EXHIBITS)

Mental status (note duration of change):

Oriented/disoriented: Time: \_\_\_\_\_ Place: \_\_\_\_\_

Person: \_\_\_\_\_ Situation: \_\_\_\_\_

Check all that apply:

Alert: \_\_\_\_\_ Drowsy: \_\_\_\_\_ Lethargic: \_\_\_\_\_

Stuporous: \_\_\_\_\_ Comatose: \_\_\_\_\_

Cooperative: \_\_\_\_\_ Combative: \_\_\_\_\_

Delusions: \_\_\_\_\_ Hallucinations: \_\_\_\_\_

Affect (describe): \_\_\_\_\_

Memory: Recent: \_\_\_\_\_ Remote: \_\_\_\_\_

Glasses: \_\_\_\_\_ Contacts: \_\_\_\_\_ Hearing aids: \_\_\_\_\_

Pupil: Shape: \_\_\_\_\_ Size/reaction: R/L: \_\_\_\_\_

Facial droop: \_\_\_\_\_ Swallowing: \_\_\_\_\_

Handgrasp/release, R/L: \_\_\_\_\_

Posturing: \_\_\_\_\_

Deep tendon reflexes: \_\_\_\_\_ Paralysis: \_\_\_\_\_

### Pain/Discomfort

#### SUBJECTIVE (REPORTS)

Primary focus: \_\_\_\_\_ Location: \_\_\_\_\_

Intensity (0–10 with 10 = most severe): \_\_\_\_\_

Frequency: \_\_\_\_\_ Quality: \_\_\_\_\_

Duration: \_\_\_\_\_ Radiation: \_\_\_\_\_

Precipitating/aggravating factors: \_\_\_\_\_

How relieved: \_\_\_\_\_

Associated symptoms: \_\_\_\_\_

Effect on activities: \_\_\_\_\_

Relationships: \_\_\_\_\_

Additional focus: \_\_\_\_\_

#### OBJECTIVE (EXHIBITS)

Facial grimacing: \_\_\_\_\_ Guarding affected area: \_\_\_\_\_

Posturing: \_\_\_\_\_ Behaviors: \_\_\_\_\_

Emotional response: \_\_\_\_\_ Narrowed focus: \_\_\_\_\_

Change in BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

### Respiration

#### SUBJECTIVE (REPORTS)

Dyspnea/related to: \_\_\_\_\_

Cough/sputum: \_\_\_\_\_

History of: Bronchitis: \_\_\_\_\_ Asthma: \_\_\_\_\_

Tuberculosis: \_\_\_\_\_ Emphysema: \_\_\_\_\_

Recurrent pneumonia: \_\_\_\_\_

Exposure to noxious fumes: \_\_\_\_\_

Smoker: \_\_\_\_\_ pk/day: \_\_\_\_\_ No. of pk-yrs: \_\_\_\_\_

Use of respiratory aids: \_\_\_\_\_ Oxygen: \_\_\_\_\_

#### OBJECTIVE (EXHIBITS)

Respiratory: Rate: \_\_\_\_\_ Depth: \_\_\_\_\_ Symmetry: \_\_\_\_\_

Use of accessory muscles: \_\_\_\_\_ Nasal flaring: \_\_\_\_\_

Fremitus: \_\_\_\_\_

Breath sounds: \_\_\_\_\_ Egophony: \_\_\_\_\_

Cyanosis: \_\_\_\_\_ Clubbing of fingers: \_\_\_\_\_

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Sputum characteristics: \_\_\_\_\_  
 Mentation/restlessness: \_\_\_\_\_

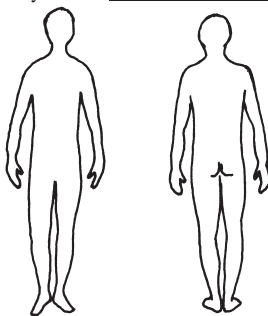
**Safety**

**SUBJECTIVE (REPORTS)**

Allergies/sensitivity: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Exposure to infectious diseases: \_\_\_\_\_  
 Previous alteration of immune system: \_\_\_\_\_  
 Cause: \_\_\_\_\_  
 History of sexually transmitted disease (date/type): \_\_\_\_\_  
 Testing: \_\_\_\_\_ High-risk behaviors: \_\_\_\_\_  
 Blood transfusion/number: \_\_\_\_\_ When: \_\_\_\_\_  
 Reaction: \_\_\_\_\_ Describe: \_\_\_\_\_  
 Geographic areas lived in/visited: \_\_\_\_\_  
 Seat belt/helmet use: \_\_\_\_\_  
 History of accidental injuries: \_\_\_\_\_  
 Fractures/dislocations: \_\_\_\_\_  
 Arthritis/unstable joints: \_\_\_\_\_  
 Back problems: \_\_\_\_\_  
 Changes in moles: \_\_\_\_\_ Enlarged nodes: \_\_\_\_\_  
 Delayed healing: \_\_\_\_\_  
 Cognitive limitations: \_\_\_\_\_  
 Impaired vision/hearing: \_\_\_\_\_  
 Prosthesis: \_\_\_\_\_ Ambulatory devices: \_\_\_\_\_

**OBJECTIVE (EXHIBITS)**

Temperature: \_\_\_\_\_ Diaphoresis: \_\_\_\_\_  
 Skin integrity (mark location on diagram): \_\_\_\_\_  
 Scars: \_\_\_\_\_ Rashes: \_\_\_\_\_ Lacerations: \_\_\_\_\_  
 Ulcerations: \_\_\_\_\_ Ecchymoses: \_\_\_\_\_ Blisters: \_\_\_\_\_



Burns (degree/percent): \_\_\_\_\_  
 Drainage: \_\_\_\_\_  
 General strength: \_\_\_\_\_ Muscle tone: \_\_\_\_\_  
 Gait: \_\_\_\_\_ ROM: \_\_\_\_\_  
 Paresthesia/paralysis: \_\_\_\_\_  
 Results of cultures: \_\_\_\_\_ Immune system testing: \_\_\_\_\_  
 Tuberculosis testing: \_\_\_\_\_

**Sexuality** (Component of Ego Integrity and Social Interactions)

**SUBJECTIVE (REPORTS)**

Sexually active: \_\_\_\_\_ Use of condoms: \_\_\_\_\_  
 Birth control method: \_\_\_\_\_  
 Sexual concerns/difficulties: \_\_\_\_\_  
 Recent change in frequency/interest: \_\_\_\_\_

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### OBJECTIVE (EXHIBITS)

Comfort level with subject matter: \_\_\_\_\_

### FEMALE: SUBJECTIVE (REPORTS)

Age at menarche: \_\_\_\_\_ Length of cycle: \_\_\_\_\_

Duration: \_\_\_\_\_ No. of pads used/day: \_\_\_\_\_

Last menstrual period: \_\_\_\_\_ Pregnant now: \_\_\_\_\_

Bleeding between periods: \_\_\_\_\_

Menopause: \_\_\_\_\_ Vaginal lubrication: \_\_\_\_\_

Vaginal discharge: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Hormonal therapy/calcium use: \_\_\_\_\_

Practices breast self-examination: \_\_\_\_\_

Last mammogram: \_\_\_\_\_ PAP smear: \_\_\_\_\_

### OBJECTIVE (EXHIBITS)

Breast examination: \_\_\_\_\_

Genital warts/lesions: \_\_\_\_\_ Discharge: \_\_\_\_\_

### MALE: SUBJECTIVE (REPORTS)

Penile discharge: \_\_\_\_\_ Prostate disorder: \_\_\_\_\_

Circumcised: \_\_\_\_\_ Vasectomy: \_\_\_\_\_

Practice self-examination: Breast: \_\_\_\_\_ Testicles: \_\_\_\_\_

Last proctoscopic/prostate examination: \_\_\_\_\_

### OBJECTIVE (EXHIBITS)

Breast: \_\_\_\_\_ Penis: \_\_\_\_\_ Testicles: \_\_\_\_\_

Genital warts/lesions: \_\_\_\_\_ Discharge: \_\_\_\_\_

## Social Interactions

### SUBJECTIVE (REPORTS)

Marital status: \_\_\_\_\_ Years in relationship: \_\_\_\_\_

Perception of relationship: \_\_\_\_\_

Living with: \_\_\_\_\_

Concerns/stresses: \_\_\_\_\_

Extended family: \_\_\_\_\_

Other support person(s): \_\_\_\_\_

Role within family structure: \_\_\_\_\_

Perception of relationships with family members: \_\_\_\_\_

Feelings of: Mistrust: \_\_\_\_\_ Rejection: \_\_\_\_\_

Unhappiness: \_\_\_\_\_

Loneliness/isolation: \_\_\_\_\_

Problems related to illness/condition: \_\_\_\_\_

Problems with communication: \_\_\_\_\_

Genogram: \_\_\_\_\_

### OBJECTIVE (EXHIBITS)

Speech: Clear: \_\_\_\_\_ Slurred: \_\_\_\_\_

Unintelligible: \_\_\_\_\_ Aphasic: \_\_\_\_\_

Unusual speech pattern/impairment: \_\_\_\_\_

Use of speech/communication aids: \_\_\_\_\_

Laryngectomy present: \_\_\_\_\_

Verbal/nonverbal communication with family/SO(s): \_\_\_\_\_

Family interaction (behavioral) pattern: \_\_\_\_\_

## Teaching/Learning

### SUBJECTIVE (REPORTS)

Dominant language (specify): \_\_\_\_\_ Second language: \_\_\_\_\_

Literate: \_\_\_\_\_ Education level: \_\_\_\_\_

Learning disabilities (specify): \_\_\_\_\_

Cognitive limitations: \_\_\_\_\_

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Where born: \_\_\_\_\_ If immigrant, how long in this country? \_\_\_\_\_

Health and illness beliefs/practices/customs: \_\_\_\_\_

Special healthcare concerns (e.g., impact of religious/cultural practices): \_\_\_\_\_

Health goals: \_\_\_\_\_

Familial risk factors (indicate relationship):

Diabetes: \_\_\_\_\_ Thyroid (specify): \_\_\_\_\_

Tuberculosis: \_\_\_\_\_ Heart disease: \_\_\_\_\_

Strokes: \_\_\_\_\_ High BP: \_\_\_\_\_

Epilepsy: \_\_\_\_\_ Kidney disease: \_\_\_\_\_

Cancer: \_\_\_\_\_ Mental illness: \_\_\_\_\_

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

Prescribed medications:

Drug: \_\_\_\_\_

Dose: \_\_\_\_\_ Times (circle last dose): \_\_\_\_\_

Take regularly: \_\_\_\_\_ Purpose: \_\_\_\_\_

Side effects/problems: \_\_\_\_\_

Nonprescription drugs: OTC drugs: \_\_\_\_\_

Street drugs: \_\_\_\_\_ Tobacco: \_\_\_\_\_

Smokeless tobacco: \_\_\_\_\_

Alcohol (amount/frequency): \_\_\_\_\_

Use of herbal supplements (specify): \_\_\_\_\_

Admitting diagnosis per provider: \_\_\_\_\_

Reason per patient: \_\_\_\_\_

History of current complaint: \_\_\_\_\_

Patient expectations of this hospitalization: \_\_\_\_\_

Previous illnesses and/or hospitalizations/surgeries: \_\_\_\_\_

Evidence of failure to improve: \_\_\_\_\_

Last complete physical examination: \_\_\_\_\_

### **Discharge Plan Considerations**

DRG projected mean length of stay: \_\_\_\_\_

Date information obtained: \_\_\_\_\_

Anticipated date of discharge: \_\_\_\_\_

Resources available: Persons: \_\_\_\_\_

Financial: \_\_\_\_\_ Community: \_\_\_\_\_

Support groups: \_\_\_\_\_

Socialization: \_\_\_\_\_

Areas that may require alteration/assistance:

Food preparation: \_\_\_\_\_ Shopping: \_\_\_\_\_

Transportation: \_\_\_\_\_ Ambulation: \_\_\_\_\_

Medication/IV therapy: \_\_\_\_\_ Treatments: \_\_\_\_\_

Wound care: \_\_\_\_\_ Supplies: \_\_\_\_\_

Self-care (specify): \_\_\_\_\_

Homemaker/maintenance (specify): \_\_\_\_\_

Physical layout of home (specify): \_\_\_\_\_

Anticipated changes in living situation after discharge: \_\_\_\_\_

Living facility other than home (specify): \_\_\_\_\_

Referrals (date, source, services):

Social services: \_\_\_\_\_ Rehab services: \_\_\_\_\_

Dietary: \_\_\_\_\_ Home care: \_\_\_\_\_

Resp/O<sub>2</sub>: \_\_\_\_\_ Equipment: \_\_\_\_\_

Supplies: \_\_\_\_\_

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