NURSING ASSESSMENT SHEET

Health Services Department Lincoln Public Schools • Lincoln, Nebraska

Student Name:		School:	Date:
Complaint:			Time:
Respirations:	Pulse: Te Do Distress Do Short o Substernal Retracting r Dirregular Cheyne-Sto	of Breath 🔲 Labored 🔲 Nasal Flaring	Intercostal Retracting
NURSING ASSESSMENT		IMPAIRMENT ASSESSMENT	
Level of Orientation - to time, place, person		Reason for assessment:	
Alert/Oriented Confused Stupor			
Eyes	·	Referral Source:	
Pupils- Dormal Constricted Dilated	Reaction to Light- Reactive Slow Non-reactive	Coordination (walk in a straight I	
Sclera- Normal Reddened	Nystagmus- Yes No	Normal Activity Level Normal	❑ Unsteady ❑ Flat
Skin Color-	Temperature-	 Hyperactive Irritable Belligerent 	 ❑ Restless ❑ Slow ❑ Dazed
 Normal Pale Cyanotic Jaundiced Dusky 	❑ Warm ❑ Cool ❑ Diaphoretic ❑ Dry	Thought Process Remains Focused Paranoia Hallucinations 	 Wandering Delusions
Chest Pain		Speech Normal Slurred	Rambling
Abdominal Pain 🗋 Other Symptoms 🗋		Physical Appearance	 Disheveled Unclean
Other Observations (vomiting, incontinent, tremors, etc.)		Odor Breath	Body
History			<u> </u>
Last meal:		_ Plan:	
Sleep:			
Current Medical Treatment	::		
Current Medications:		_	