HS0031
Rev. 4/18

NURSING ASSESSMENT SHEET

Health Services Department
Lincoln Public Schools • Lincoln, Nebraska

Student Name: _____ School: _____ Date: _____

Complaint: _____ Time: _____

_____

Vital Signs

Time: _____

Blood Pressure: _____ Pulse: _____ Temperature: _____

Respirations: _____ ❑ No Distress ❑ Short of Breath ❑ Labored ❑ Nasal Flaring ❑ Intercostal Retracting ❑ Substernal Retracting

Breathing Pattern: ❑ Regular ❑ Irregular ❑ Cheyne-Stokes ❑ Apnea

NURSING ASSESSMENT

Level of Orientation - to time, place, person

❑ Alert/Oriented ❑ Confused ❑ Stupor

Eyes

Pupils-
- ❑ Normal
- ❑ Constricted
- ❑ Dilated

Reaction to Light-
- ❑ Reactive
- ❑ Slow
- ❑ Non-reactive

Sclera-
- ❑ Normal
- ❑ Reddened

Nystagmus-
- ❑ Yes
- ❑ No

Skin

Color-
- ❑ Normal
- ❑ Pale
- ❑ Cyanotic
- ❑ Jaundiced
- ❑ Dusky
- ❑ Mottled

Temperature-
- ❑ Warm
- ❑ Cool
- ❑ Diaphoretic
- ❑ Dry

Chest Pain ❑

Abdominal Pain ❑

Other Symptoms ❑ _____

_____

Other Observations (vomiting, incontinent, tremors, etc.)

History

Last meal: _____

Sleep: _____

Current Medical Treatment: _____

_____

Current Medications: _____

IMPAIRMENT ASSESSMENT

Reason for assessment: _____

_____

Referral Source: _____

Coordination (walk in a straight line, finger to nose, touch toes)
- ❑ Normal
- ❑ Impaired

Balance
- ❑ Normal
- ❑ Unsteady

Activity Level
- ❑ Normal
- ❑ Hyperactive
- ❑ Irritable
- ❑ Belligerent
- ❑ Flat
- ❑ Restless
- ❑ Slow
- ❑ Dazed

Thought Process
- ❑ Remains Focused
- ❑ Paranoia
- ❑ Hallucinations
- ❑ Wandering
- ❑ Delusions

Speech
- ❑ Normal
- ❑ Slurred
- ❑ Rambling

Physical Appearance
- ❑ Neat
- ❑ Clean
- ❑ Disheveled
- ❑ Unclean

Odor
- ❑ Breath
- ❑ Body

Plan: _____

_____

_____

_____

_____

Notes: _____

_____

_____