Nursing Assessment

stepworks

Patient Name: _____ **Date:** _____ / _____ / _____

Vital Signs: Blood Pressure: _____/_____ Pulse: _____ Regular ☐ Irregular ☐
Temperature: _____ Respirations: _____ SpO2/sats: _____ Weight: _____

Respirations: Unlabored ☐ Labored ☐ Painful ☐

Breath Sounds: Right: Clear ☐ Diminished ☐ Wheezes ☐
Left: Clear ☐ Diminished ☐ Wheezes ☐

Abdomen: Soft ☐ Firm ☐ Distended ☐ Tender ☐ Non-tender ☐ Constipated ☐ Diarrhea ☐

Bowel Sounds: Present ☐ Absent ☐ Hypoactive ☐ Hyperactive ☐

Skin: Warm ☐ Dry ☐ Cool ☐ Clammy ☐ Pale ☐ Sweaty ☐ Flushed ☐ Edema ☐
Bruises ☐ Open Area ☐ Describe: _____
_____

Gait: Steady ☐ Unsteady ☐ Wheelchair ☐ Crutches ☐ Cane ☐

Physical Complaints: Body aches ☐ Runny nose ☐ Nausea ☐ Vomiting ☐ Stomach Cramps ☐
Restlessness ☐ Yawning ☐ Gooseflesh ☐ Headache ☐ Tactile Disturbance ☐
Auditory Disturbance ☐ Visual Disturbance ☐ Agitation ☐ Tremors ☐

Sleep: Yes ☐ No ☐ Hours: _____ Restless ☐ "Using" Dreams ☐

Appetite: Good ☐ Fair ☐ None ☐

Orientation: Person ☐ Place ☐ Time ☐ Situation ☐

Affect: Congruent ☐ Flat ☐ Tearful ☐ Restricted ☐ Labile ☐ Inappropriate ☐

Mood: Happy ☐ Sad ☐ Labile ☐ Euphoric ☐ Depressed ☐ Irritable ☐ Anxious ☐ Angry ☐

Appearance: Disheveled ☐ Groomed ☐

Thought Content: Clear ☐ Delusional ☐ Paranoid ☐ Suicidal ☐ Homicidal ☐

Thought Process: Appropriate ☐ Disorganized ☐ Incoherent ☐ Obsessions ☐

Behavior: Alert ☐ Evasive ☐ Lethargic ☐ Fidgety ☐ Sullen ☐ Flirty ☐ Oppositional ☐

Speech: Clear ☐ Slurred ☐ Pressured ☐ Rapid ☐ Slow ☐

Eye Contact: Yes ☐ No ☐

Rating Scale for Depression, Anxiety, and Cravings: *none* 0 1 2 3 4 5 6 7 8 9 10 *highest*
Depression ☐ Anxiety ☐ Cravings ☐ Describe: _____
_____

Insight: Fair ☐ Marginal ☐ Poor ☐ Denial ☐ Improved ☐

"If you were to leave treatment today, would you relapse?" Yes ☐ No ☐
Attending and participating in scheduled groups: Yes ☐ No ☐
Aftercare Plans: Home ☐ Sober Living ☐ Undecided ☐

WOODLAND ONLY

PICC Line: Yes ☐ No ☐ Location: _____ Last dressing change: _____

Nurse Signature: _____ **Date:** _____ / _____ / _____