Nursing college

Maternity & Child Health Nursing Department

NUR 327

Infant/Children Assessment sheet

Medical- Surgical unit/ ICU

**Date: / /**

**Date Received: / /**

**( ) On Time (0.5) ( ) Late**

**Student name:**

**ID #:**

**Department: Score:**

**Instructors' name:**

**/60**

**/10**

**Signature:**

|  |  |
| --- | --- |
| **Socio-demographic data** | **/3** |
| **Patient name :** | **0.25** |
| **Age :** | **0.25** |
| **Sex:** ( ) Male ( ) Female | **0.25** |
| **Date of birth :** | **0.25** |
| **Date of Admission:** | **0.25** |
| **Accompanied to hospital by:** | **0.25** |
| **Diagnosis: ------------------------------------------------------------------------------** | **1** |
| **Data source:** ( ) Care giver ( ) Patient ( )File | **0.25** |
| **Allergy:** ( )Yes ( ) No If yes specify : | **0.25** |
| **History****/ 4.5** | **Chief complaints**:**1** |
| **Present History:****1** |
| **Past History:****Previous hospitalization: ( ) Yes ( ) No If yes****When: Why?** | **1.5** |
|  |
| **Family history**: | **1** |
| **Vital Signs** **/ 1.25** | **Temperature:****Pulse:****Respiratory rate:****BP:****SPO2:** |  |

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| **Integumentary System****/ 3** | **Skin Color:** ( )Normal ( )Pale ( )Cyanotic ( )Jaundice ( )Flushed **0.5** |
| **Temperature :** ( ) Warm ( ) Cool **0.5** |
| **Texture:** ( ) Intact ( )Smooth ( ) Dry ( )Oily **0.5** |
| **Lesion:** ( ) None ( )Bruises ( )Scar ( )Rash **0.5** |
| **Surgical incision:** ( ) None ( ) Dressing **0.5**location:\_\_\_\_\_\_\_\_\_\_ ( ) clear ( ) Dry ( ) intact **0.5** Drainage: ( ) Yes ( ) No  |
| **Others:**  |
| **Head & Face** **/ 4.5** | **Hair:** ( ) Normal ( ) Loss of hair ( ) excessive body hair ( ) itchy scalp **0.5** |
| **Fontanels:** ( ) Open ( ) Close **0.25**( ) Normal Flat ( ) Sunken ( ) bulged **0.25** |
| **Eyes:** ( ) Clear ( ) Discharge ( )Puffy ( )Redness **0.5** |
| **Ears:** ( ) Normal placement ( )Use a hearing aid ( ) Discharge **0.5** |
| **Mouth:** ( ) Normal ( ) Sores ( ) Coating ( ) Bleeding gums ( ) Loss of teeth ( ) Delay eruption of Teeth ( ) Toothache ( ) Dental caries **0.5** |
| **Tong:** ( ) Pink ( ) Moist ( ) Freely movable ( ) Tide ( ) Coating **0.5** |
| **The roof of the mouth:** ( ) Normal ( ) Cleft palate **0.5** |
| **Lips:** ( ) Normal ( ) Cleft lips **0.5** |
| **Neck:** ( ) Normal ( )Swelling ( ) Stiffness ( )Distended neck vein **0.5** ( )Enlarged lymph nod |
| **Others:**  |
| **Respiratory system****/ 3.5** | **Breathing:**( ) Normal ( ) Hypoventilation ( ) Hyperventilation  **0.5** |
| **Cough:** ( ) None ( ) Productive ( ) Nonproductive **0.5** |
| **Lung Sound:** ( )Normal ( )wheeze ( )Rhonchi ( )crackles ( ) Stridor **0.5** **0.5** |
| **Chest Movement: 0.5**( ) Symmetrical ( ) Asymmetrical ( ) Using of accessory muscles ( ) Nasal flaring( ) Substernal intercostal notch ( ) Sub clavicular retraction |
| **Chest Shape:** ( ) Normal ( ) Pigeon chest ( ) Funnel chest ( ) Other **0.5** |
| **Oxygen Therapy : 0.5****(** ) Room Air ( ) O2@ \_\_\_\_\_L/min FiO2\_\_\_\_ % per \_\_\_\_\_\_\_( ) Other: |
| **Others:**  |



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| **Cardiovascular System****/ 3** | **Heart sound:** ( ) Normal ( ) Abnormal **0.5** |
| **Pulse :** ( ) Regular ( ) Irregular **0.5** |
| **Strength :** ( ) Normal ( )Weak ( )Bounding **0.5** |
| **Peripheral circulation:**( ) Extremity cold ( ) Clammy ( ) Edema ( ) Cyanosis **0.5** |
| **Cap refill less than 2 sec:** ( ) yes ( ) No **0.5** |
| **Pitting edema:** ( ) yes ( ) No **0.5** |
| **Others:**  |
| **Gastrointestinal System** **/ 4.5** | **Diet:** | NPO( ) Reg. ( ) Clear liquid ( ) Other ( ) \_\_\_\_\_\_\_ **0.5** |
| **Appetite:** | ( )Good ( )Poor ( ) Refused ( ) Nausea ( )Emesis ( ) Vomiting ( )Other ---------- **0.5** |
| **Feeding Tube:** | ( ) N.A ( ) NG ( ) GT ( ) Other:……. **0.5** |
| **Abdomen:** | ( ) Soft ( ) Firm ( ) Hard ( ) Distended **0.5** Girth: \_\_\_ cm **0.5** |
| **Bowel sound:** |  ( ) Normal ( ) Hyperactive ( ) Hypoactive ( ) Absent **0.5** |
| **Elimination:** | ( ) Normal ( ) Diarrhea ( ) Constipation **0.5** |
| **Consistency:** | ( ) Soft ( ) Watery ( ) Solid **0.5** |
| **Color of stool:** | **Color:** ( ) Normal ( ) Abnormal **0.25**  |
| **Umbilicus:** |  ( )Herniation ( ) Fistula ( ) Cleanliness ( ) Discharge **0.25** |
| **Others:**  |
| **Genitourinary System****/ 1. 5** | **Male****Urethral meatus:** ( ) Normal ( ) Abnormal **0.25****Scrotum:** ( ) Normal ( ) Abnormal **0.25****Testes:** ( ) Normal ( ) Abnormal **0.25** |
| **Female****Labia:** ( ) Normal ( ) Abnormal**Urethral meatus:** ( ) Normal ( ) Abnormal |
| **Urine:** ( ) Continent ( ) Incontinent ( ) Foley ( ) Diaper **0.25****Color: Character: 0.5** |
| **Anus:** ( ) Open ( ) Closed ( ) Redness ( ) Inflammation |
| **Others:**  |
| **Musculoskeletal System** **/1.25** | ( ) Muscle weakness ( ) Hypotonic ( ) Atrophy ( ) Hypertrophy( ) Dystrophy ( ) Joint swelling ( ) Joint stiffness **0.25** |
| **Extremities:** ( )Symmetry of length ( ) Symmetry of size ( )Full range of motion ( ) Tenderness( ) Normal no. of finger ( ) Normal no. of toes( ) Clubbing finger ( ) Bowleg ( ) Knock-knee **1** |

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| **Neurological System** **/ 1.5**  | **LOC:** ( ) Alert ( ) lethargic ( ) Oriented ( ) Confusing ( ) Cooperative ( ) Hyperactive ( )Hypoactive ( ) Sedated **0. 25** |
| **Pupils size :** ( ) Equal ( ) Not equal **0.25** |
| **Reactivity :** ( ) Reactive ( ) Not reactive **0.25** |
| **Speech:** ( ) Normal ( ) Slurred ( ) Incoherent **0.25** |
| **Balance:** ( )Normal ( ) Paralysis ( ) Weakness **0.25** |
| **Reflex:** ( )Rooting ( ) Gaging ( )Sucking ( ) Moro ( ) Sitting ( ) Grasping ( ) Walking ( ) planter ( ) Swallowing ( ) Bladder control ( ) Bowel control**0.25** |
| **Others:**  |
| **Coma assessment (Glasgow coma scale) 1** |
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|  |  |
| **Coma scale total** |  |

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| **Pain Assessment Tools 1.5** |
| **A. Behavioral Pain Scale:** ( For neonatal & infant )A score greater than 3 indicates pain. |
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| Total patient's pain score: |
| Scoring: 0-3 no pain 4-6 mild pain 7-9 moderate pain 10-12 severe pain |
| **b. " WONG BAKER" pain scale**: (ages 7 years and above) |
| **Pain: ( )** Gradual ( ) Sudden**Severity:** ( 10 scale)**What makes it better :** ( )Movement ( ) Rest ( ) Food/drink ( ) Position**What makes it worse:** ( )Movement ( ) Rest ( ) Food/drink ( ) Position | **Quality of pain:** ( )Constant ( )Intermittent ( )Dull( )Tearing ( )Cramping ( )Burning**Location:****Duration :** hours / Days |

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| **Laboratory Investigation****/ 4** |  |
| **Diagnostic Test****/ 2** |  |

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| **Fluid & nutritional intake** **/3.5** | **Name****/0.5**  | **Type****/0.5** | **Amount****/0.5** | **Nursing role****/2** |
|  |  |  | **1.****2.** **3.****4.** |
|  |  |  |  | **1.****2.** **3.****4.** |

**Medications /7.5**

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| **Name and class****/2.25** | **Dose and rout****/ 1.5** | **Action of Medication****/ 1.5** | **Nursing consideration****/ 2.25** |
| **Brand name:****Generic name:****Classification:**  | **0.25****0.25****0.25** | **Dose:** **Rout:** | **0.25****0.25** |  | **0.5** | **1.****2.****3.**  | **0.25****0.25****0.25** |
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**Nursing care plan / 10**

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| **Nursing diagnosis****/3** | **Goals****/ 1.5** | **Nursing interventions****/ 3** |  **Evaluation** **/2.5** |
| 1- |  | 1-2-3-4- |  |
| 2- |  | 1-2-3-4- |  |
| 3-  |  | 1-2-3-4- |  |