



King Saud University

Nursing college

Maternity & Child Health Nursing Department

NUR 327

## Out Patient Department Assessment sheet

**Date:** / /  
**Date Received:** / /  
 On Time                       Late

**Student name :**

**ID # :**

**Score :**                      / 20                      / 10

**Instructors' name:**

**Signature :**

**Socio-demographic data: ( /3)**

<b>Patient name :</b>	0.25	<b>No. of family member:</b>	0.25
<b>Age :</b>	0.25	<b>Child Order:</b>	0.25
<b>Sex: ( ) Male ( ) Female</b>	0.25	<b>Mother's employment: ( ) Working ( ) House- wife</b>	0.25
<b>Date of birth :</b>	0.25	<b>Type of house: ( ) Villa ( ) Floor ( ) Apartment ( ) Other</b>	0.25
<b>Weight birth:</b>	0.25	<b>Family income: ( ) Sufficient ( ) Not sufficient</b>	0.25
<b>Height birth:</b>	0.25	<b>Data source: ( ) Care giver ( ) Patient ( ) File</b>	0.25

**Purpose of visit : ( /1)**

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**Infant/ Child Measurements: ( / 9)**

**Infant/child's weight:** ( ) Normal ( ) Over weight ( ) Under weight 1

**Calculation:**

- Formula \_\_\_\_\_ 0.25
- Compensation \_\_\_\_\_ 0.25
- Result \_\_\_\_\_ 0.25
- Unit \_\_\_\_\_ 0.25
- Determine if child in the normal range:
  - Upper limit = \_\_\_\_\_ 0.5
  - Lower limit = \_\_\_\_\_ 0.5

**Infant/child's height:** ( ) Normal long ( ) Short ( ) 1

**Calculation:**

- Formula \_\_\_\_\_ 0.25
- Compensation \_\_\_\_\_ 0.25
- Result \_\_\_\_\_ 0.25
- Unit \_\_\_\_\_ 0.25
- Determine if child in the normal range:
  - Upper limit = \_\_\_\_\_ 0.5
  - Lower limit = \_\_\_\_\_ 0.5

**Infant/child's head circumference:** ( ) Normal ( ) Abnormal (**Increased or Decreased**) 1

**Calculation:**

- Formula \_\_\_\_\_ 0.25
- Compensation \_\_\_\_\_ 0.25
- Result \_\_\_\_\_ 0.25
- Unit \_\_\_\_\_ 0.25
- Determine if child in the normal range:
  - Upper limit = \_\_\_\_\_ 0.5
  - Lower limit = \_\_\_\_\_ 0.5

**Vital Signs:** ( / 1)

Temperature: 0.25 Pulse: 0.25  
Respiration: 0.25 Blood pressure: 0.25

**Immunization received:** ( / 2)

Age	Vaccine

**Feeding Pattern:** ( / 2)

- a. ( ) Breast feeding ( ) Bottle feeding 0.25  
- Frequency: 0.25  
- Amount: 0.25  
- Any emesis: ( ) Yes ( ) No 0.25
- b. Both breast and bottle: Complementary ( ) Supplementary ( ) 0.25
- c. Weaned Diet: 0.25
- d. Family food: *Likes:* 0.25
- Dislikes:* 0.25

**Child's Needs & Health Education ( / 2)**

<b>Child's needs</b>	<b>Health education</b>
1-	
2-	

3-

4-

