

Nursing college

Maternity & Child Health Nursing Department

NUR 327

**Out Patient Assessment sheet**

**Date: / /**

**Date Received: / /**

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

**Student name :**

**ID # :**

**Score : / 20 / 10**

**Instructors' name:**

**Signature :**

**Socio-demographic data: ( / 1.5)**

**Patient name :**

**Age :**

**Sex: ( ) Male ( ) Female**

**Date of birth :**

**Weight birth:**

**Data source: ( ) Care giver ( ) Patient ( )File**

**Purpose of visit : ( /1.5)**

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

**Infant/child's weight:** ( ) Normal ( ) Over weight ( ) Under weight  **0.5**

**Calculation:**

* Formula \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **0.5**
* Compensation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **0. 5**
* 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 ( )  **0.5**

**Calculation:**

* Formula \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **0.5**
* Compensation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **0. 5**
* 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**) 0.5

**Calculation:**

* Formula \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **0.5**
* Compensation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **0. 5**
* 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)**

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| **Age** | **Vaccine** |
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**Feeding Pattern: ( / 2)**

1. ( ) Breast feeding ( ) Bottle feeding **0.25**
* Frequency: **0.25**
* Amount: **0.25**
* Any emesis:( ) Yes ( ) No **0.25**
1. Both breast and bottle: Complementary ( ) Supplementary ( ) **0.25**
2. Weaned Diet: **0.25**
3. Family food: ***Likes:* 0.25**

 ***Dislikes:* 0.25**

**Child's Needs & Health Education ( / 3)**

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| --- | --- |
| **Child's needs** | **Health education** |
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