

King Saud university		NUR 222
College of Nursing		ADULT HEALTH NURSING 1
Medical Surgical Department 2 <sup>nd</sup> Semester AY 1441		

**Patient Progress Notes**

**Name of Student** \_\_\_\_\_

**Student Number** \_\_\_\_\_

**Clinical Area** \_\_\_\_\_

**Hospital** \_\_\_\_\_

**Week No.** \_\_\_\_\_

**Date Submitted** \_\_\_\_\_

  

**Name of Teacher** \_\_\_\_\_

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Indicators	PATIENT PROFILE	Marks	Student Marks
Patient Name (Initials Only)		0.25	
Age / gender			
Admission Date		0.25	
Chief Complain			
	<b>TOTAL MARKS</b>	0.5	

	PRESENT ILLNESS	Marks	Student Marks
P	Provoking :	0.50	
	Palliative		
Q	Quality		
R	Region	0.50	
	Radiation		
S	Severity		
T	Onset	0.50	
	Duration		
	Frequency		
U	Understanding / Patient's Perception		
	<b>Total Marks</b>	1.5	

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**PHYSICAL ASSESSMENT**

SYSTEM		PATIENT FINDING				Marks	Student Marks
NEUROLOGIC	LOC	<input type="checkbox"/> Oriented <input type="checkbox"/> Alert <input type="checkbox"/> Lethargic <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <input type="checkbox"/> Respond only to pain <input type="checkbox"/> Agitated <input type="checkbox"/> Calm <input type="checkbox"/> Confused				0.25	
	GCS	Motor..... +Verbal..... +Eye..... =					
HEAD AND FACE	Face:	Facial expression, _____ <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical				0.25	
	Neck:	<input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Presence of lumps <input type="checkbox"/> Normal <input type="checkbox"/> Weak <input type="checkbox"/> Bounding					
SKIN	Hair	<input type="checkbox"/> Thick <input type="checkbox"/> Thin <input type="checkbox"/> Dull <input type="checkbox"/> Shiny Color.....				0.25	
	Nail	<input type="checkbox"/> Flat <input type="checkbox"/> Curve <input type="checkbox"/> Convex <input type="checkbox"/> Clean <input type="checkbox"/> Dirty <input type="checkbox"/> brittle Color					
	Skin Integrity	<input type="checkbox"/> Intact <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Wound <input type="checkbox"/> Ulcer					
	Skin Color	<input type="checkbox"/> Pink/WML <input type="checkbox"/> Pale <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic					
	Skin Temperature	<input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cold					
	Wound/Ulcer	<input type="checkbox"/> None <input type="checkbox"/> Yes Location..... Size..... Border..... Depth ..... Stage.....					
CARDIAC/ CIRCULATORY	Edema	<input type="checkbox"/> None <input type="checkbox"/> Yes +1 / +2 / +3 / +4 Location				0.25	
	Capillary Refill	<input type="checkbox"/> Normal (1-2 seconds) <input type="checkbox"/> Delayed (>3 seconds)					
	Arterial Pulses	<input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Increased <input type="checkbox"/> Bounding <input type="checkbox"/> Absent					
	Rhythm	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular Other					
RESPIRATORY	Breath Sound	<input type="checkbox"/> Clear <input type="checkbox"/> Crackles <input type="checkbox"/> Wheezes				0.25	
	Cough	<input type="checkbox"/> Absent <input type="checkbox"/> Productive <input type="checkbox"/> Non productive					
	Sputum/Secretion	Color _____ Consistency _____ <input type="checkbox"/> Thin <input type="checkbox"/> Thick					
	O <sub>2</sub> Therapy	None O <sub>2</sub> @ _____ LPM via _____ FIO <sub>2</sub> %					
GASTRO INTESTINAL	Diet	<input type="checkbox"/> NPO <input type="checkbox"/> Reg <input type="checkbox"/> Clear <input type="checkbox"/> Soft				0.25	
	Appetite	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting					
	Abdomen	<input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended					
	Bowel Sounds	<input type="checkbox"/> Active <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent					
	Stool	<input type="checkbox"/> None <input type="checkbox"/> Formed <input type="checkbox"/> Soft <input type="checkbox"/> Liquid Color _____ Last BM / / Other					
GENITO URINARY	Urine	<input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Foley Color				0.25	
	Voiding	<input type="checkbox"/> with difficulty <input type="checkbox"/> without difficulty					
MUSCLO SKELETAL	ROM	<input type="checkbox"/> Full <input type="checkbox"/> Limited				0.25	
	Abnormality	<input type="checkbox"/> Absent <input type="checkbox"/> Present Location.....					
ACTIVITY	Activity	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Bedrest				0.25	
	Hygiene	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty					
SAFETY	Patient Safety Needs	<input type="checkbox"/> Call bell in reach <input type="checkbox"/> Bed in low position <input type="checkbox"/> Breaks on <input type="checkbox"/> Siderails up <input type="checkbox"/> ID Band on				0.25	
		Others					
ISOLATION	Isolation Precaution	<input type="checkbox"/> Standard <input type="checkbox"/> Contact <input type="checkbox"/> Airborne <input type="checkbox"/> Droplet					
LINES	Invasive Lines	Type	Size	Site	Condition	0.25	
<b>TOTAL MARKS</b>						<b>2.00</b>	

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**PRIORITY NURSING PROBLEMS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**NURSING PROCESS 1 ( ACTUAL )**

	Marks	Student Marks
<b>Assessment : Subjective data:</b>	0.25	
<b>Objective data:</b>	0.25	
<b>Nursing diagnosis</b>	0.25	
<b>Plan / Goal</b>	0.25	
<b>Interventions</b>  1. _____ _____ 2. _____ _____ 3. _____ _____ 4. _____ _____ 5. _____ _____	1.25	
<b>Evaluation</b>	0.25	
<b>Total Marks</b>	2.5	

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**NURSING PROCESS 2 (POTENTIAL)**

	Marks	Student Marks
<b>Assessment : Subjective data:</b>	0.25	
<b>Objective data:</b>	0.25	
<b>Nursing diagnosis</b>	0.25	
<b>Plan / Goal</b>	0.25	
<b>Interventions</b>  1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ _____	1.25	
<b>Evaluation</b>	0.25	
<b>Total Marks</b>	2.50	

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**DRUG STUDY # 1**

	Mark	Student Marks
<b>Name of Drug :</b> <b>Dose:</b> <b>Route / Frequency:</b>	0.25	
<b>Classification:</b>	0.25	
<b>Indication</b> (from the Literature / Book)	0.25	
<b>Patient's condition that is indicated this medication</b>	0.25	
<b><u>Side effects Observed in the client.</u></b>	0.25	
<b>Side effects based on the Literature</b>	0.25	
<b>Nursing Responsibilities Related to the <u>side effects observed in the client</u></b>  1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1.25	
<b>Evaluation</b>	0.25	
<b>Total Marks</b>	<b>3.00</b>	

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**DRUG STUDY # 2**

	Mark	Student Marks
<b>Name of Drug :</b> <b>Dose:</b> <b>Route / Frequency:</b>	0.25	
<b>Classification:</b>	0.25	
<b>Indication</b> (from the Literature / Book)	0.25	
<b>Patient's condition that is indicated this medication</b>	0.25	
<b><u>Side effects Observed in the client.</u></b>	0.25	
<b>Side effects based on the Literature</b>	0.25	
<b>Nursing Responsibilities Related to the <u>side effects observed in the client</u></b>  1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1.25	
<b>Evaluation</b>	0.25	
<b>Total Marks</b>	<b>3.00</b>	

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### SUMMARY FOR PROGRESS NOTES:

	Marks	Student Marks
Patient's Profile	0.5	
Present Illness	1.5	
Physical Assessment	2.0	
Priority Nursing Problem	0.5	
Nursing Process ( average of 2)	2.5	
Drug Study (Average of 2)	3	
Total	10	____ X 5 marks = ____ 10

#### TEACHER'S COMMENTS:

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\_\_\_\_\_  
Name and Signature of Teacher:

Date \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Student:

Date \_\_\_\_\_