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| **Weekly report** |

**(To be submitted every other week)**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_area \_\_\_\_\_\_\_\_\_\_Room/bed No.\_\_\_\_\_\_\_\_\_**

**Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEEK#\_\_\_\_\_\_\_\_\_**



|  |  |  |
| --- | --- | --- |
|  | **Marks** | **Student Marks** |
| 1. **Physical assessment sheet** | **2** |  |
| 1. **Laboratory and Diagnostic Tests** | **1** |  |
| 1. **Nursing care plan** | **4** |  |
| 1. **Medication** | **3** |  |
| **TOTAL** | **10** |  |



**Physical assessment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RM # | Area critical \ ER ----- bed# -------- sex: M\F Age: | | | | | Admission day : | | | Unit :  Triage level in ER dep. : | | | | Wt :  Height:  BMI: | | | |
| DX: | | | **ISOLATION:** | | | | | | | Allergies: | | | | | | |
| Lines :  art lines  PA caths  IV Site:  PICC:  CVC:  note:  location, the condition of them, and when the dressings were last changed  **Orders to flush central/hep** | | | | | | CVP:  PA pressure : | | | | V/S | 0800 | 0900 | | 1000 | 1100 | 1200 |
| T |  |  | |  |  |  |
| HR |  |  | |  |  |  |
| BP |  |  | |  |  |  |
| SPO2 |  |  | |  |  |  |
| FSBS |  | | | | | |
| NEURO:  Mental :  Speech:  PUPILS: R\_\_\_  L \_\_\_  GCS ----\------ | | | | Cardio:  Heart sound:    Tele (ECG) :    Edema -----  Location of edema :  Peripheral pulse: ( Strength/regularity)  UR LR    UL LL | | | | | | O2 RA …… NC ……L  Lung Sounds  Cough  TRACH  suction  Ventilation mood setting  Chest tube:  ABG :  PH : HCO3 : PCO2:  Interpretation :-------------------------------------------- | | | | | | |
| GI Diet:  PO.  NPO  NPO w/Meds  NGT  Fluid Restrictions  Last BM: | | GU  Urine color  Intake:  Output:-- ml\kg\hr  Balance:  FOLEY  24/HR Strict I/O ’s  DIALYSIS | | | | | Skin  Color  Condition    Wound    Dressing  Drain output……. | | | | | | | | | |
| M/S 🡪(Strong ,week , par thesis ,paralysis ) RU RL LU LL  Brace Cane Walker Wheelchair | | | | | ACITVITY  PT | | | PAIN (PQRSTU) | | | | | | | | |

**ECG strip HR: ------- PR interval --------- QSR duration-----------**

**Interpretation --------------------------------------------------**

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

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| **Laboratory and Diagnostic studies** |

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| **I – Laboratory Test** | **Normal Value** | **Result** | **Significance** |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **II – Diagnostic Test** | **DATE** | **FINDING** | |
|  |  |
|  |  |
|  |  |
|  |  |

**List of actual nursing diagnosis :**

**1-**

**2-**

**3-**

**4-**

**5-**

|  |
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| **Nursing Care Plan 1** |

**Patent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room/Bed NO:\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment** | **Nursing diagnosis** | **Goals** | **Interventions** | **Evaluation** |
| **Subjective data;**  **Objective data;** |  |  |  |  |

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| **Nursing Care Plan 2** |

**Patent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room/Bed NO:\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment** | **Nursing diagnosis** | **Goals** | **Interventions** | **Evaluation** |
| **Subjective data;**  **Objective data;** |  |  |  |  |

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| **Nursing Care Plan 3** |

**Patent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room/Bed NO:\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis**

**List of patient medication:**

**1-**

**2-**

**3-**

**4-**

**5-**

**6-**

**7-**

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| **Medication sheet 1** |

**Patent Name &ID: …………………………………….. Room/bed NO: …………… Diagnosis: …………………..……**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Drug**  **Dose**  **Route Frequency** | **Classification / Action of the Drug** | **Indication** | **Side effects Observed in the client** | **Nursing role** | **Evaluation** |
|  |  |  |  |  |  |

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| **Medication sheet 2** |

**Patent Name &ID: …………………………………….. Room/bed NO: …………… Diagnosis: …………………..……**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Drug**  **Dose**  **Route Frequency** | **Classification / Action of the Drug** | | **Indication** | **Side effects Observed in the client** | **Nursing role** | | **Evaluation** |
|  |  | |  |  |  | |  |
| **Medication sheet 3** | | | |
|  | | | |

**Patent Name &ID: …………………………………….. Room/bed NO: …………… Diagnosis: …………………..……**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Drug**  **Dose**  **Route Frequency** | **Classification / Action of the Drug** | **Indication** | **Side effects Observed in the client** | **Nursing role** | **Evaluation** |
|  |  |  |  |  |  |