

Practical Nursing Clinical Syllabus | 2021

DAILY HOLISTIC ASSESSMENT TOOL (DHAT)

Client Initials _____ Age _____ DOB _____ Gender _____ Date _____

WT _____ HT _____ Admission Date: _____ Allergies: _____

Admission Diagnosis/Current Diagnosis: _____

Secondary Diagnosis: _____

Pathophysiology (textbook reference): _____

Initial Assessment	Time:
Vital Signs	T _____ P _____ RR _____ B/P _____
Sensory/Perception/Cognition:	
LOC/ Visual or auditory deficits	† awake † alert † oriented † asleep † confused † obtunded † none specify: _____
Mood	† appropriate † depressed † anxious † angry † euphoric † labile
Behavior	† cooperative † uncooperative † apprehensive † agitated † lethargic
Speech/Primary language	† clear † appropriate † inappropriate † aphasia † impaired hearing Primary language: _____
Pupils	(L) _____ mm † brisk † sluggish † nonreactive (R) _____ mm † brisk † sluggish † nonreactive
Pain	Score: _____ location: _____ description: _____ Medicated Y* N
Growth & Development (Erikson) Stage	(Actual Stage) _____ AEB _____
*Alteration in S/P/C	None present R/T _____
Cellular Integrity:	
Skin temperature/moisture	† warm † cool † cold † dry † moist † diaphoretic
Color/turgor	† pink † pale † cyanotic † mottled † jaundiced † elastic † tenting
Edema	† none † present † location _____ pitting +1 +2 +3 +4
Mucous membranes	† pink † pale † moist † dry † lesions
Rash/lesion/wound	† none † present site describe _____ _____ location _____
*Alteration in Skin Integrity	none present R/T _____
Oxygenation:	
Respiratory: Effort	† unlabored † dyspneic † nasal flaring † abdominal † stridor † grunting † retractions Regular irregular

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Lung sounds	† RUL_____ † RML_____ † RLL_____ † LUL_____ † LLL_____ Clear Decreased Absent Rales Rhonchi Wheezes
O ₂ therapy/O ₂ saturation	† none † O ₂ therapy _____ lpm / % † NC † Mask † Oxyhood saturation level _____ %
Cough/Respiratory Treatments	† nonproductive † productive_____ tx's
*Impaired Gas Exchange	None present R/T_____
Cardiovascular: Apical	† regular † irregular † S1 † S2 † PMI † Murmur
Extremities: Capillary refill/ Peripheral pulses	< > _____ seconds {0 – 3} R/L brachial _____ R/L radial _____ R/L dorsal pedalis _____ R/L posterior tibial _____ other _____
Monitors	None specify: _____ † O ₂ saturation † cardiorespiratory † other _____ † alarm parameters verified and on
*Alterations in tissue perfusion	None present R/T_____
Regulation:	
Abdomen/LBM Diet_____	† soft † firm † rigid † distended † round † flat † tenderness/LBM _____ † continent † incontinent
Bowel sounds	RLQ_ RUQ_ LUQ_ LLQ_ + present absent ++hyperactive +/-hypoactive
NG/GT	none specify_____
*Alteration in nutrition	none present R/T_____ size ___ † gravity † suction
GU	† no problems † foley † dysuria † hematuria † frequency † continent † incontinent LMP
Intravenous Fluids	† none specify/solution & rate _____
*Alteration in elimination	† none For shift: total in _____ total out _____ † present R/T_____
Mobility:	
Muscle tone/strength/ Range Of Motion	† strength equal bilaterally UE and LE † weakness (specify) _____ † Full Range Of Motion † limitations: _____
Gait/fall risk	† steady † unsteady † pre-ambulatory † paralysis/describe _____
Functional ability	† independent † total assistance † requires assistance (explain)_____
Casts/Assistance devices	none specify_____
*Alteration in Mobility	none present R/T_____
*for abnormal findings, see additional notes	
SN signature:	

