

NUR1213L: Supporting Documentation

Adult 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	<input type="checkbox"/> awake <input type="checkbox"/> alert <input type="checkbox"/> oriented <input type="checkbox"/> asleep <input type="checkbox"/> confused <input type="checkbox"/> obtunded <input type="checkbox"/> none specify: _____
Mood	<input type="checkbox"/> appropriate <input type="checkbox"/> depressed <input type="checkbox"/> anxious <input type="checkbox"/> angry <input type="checkbox"/> euphoric <input type="checkbox"/> labile
Behavior	<input type="checkbox"/> cooperative <input type="checkbox"/> uncooperative <input type="checkbox"/> apprehensive <input type="checkbox"/> agitated <input type="checkbox"/> lethargic
Speech / Primary language	<input type="checkbox"/> clear <input type="checkbox"/> appropriate <input type="checkbox"/> inappropriate <input type="checkbox"/> aphasia <input type="checkbox"/> impaired hearing Primary language: _____
Pupils	(L) _____ mm <input type="checkbox"/> brisk <input type="checkbox"/> sluggish <input type="checkbox"/> nonreactive (R) _____ mm <input type="checkbox"/> brisk <input type="checkbox"/> sluggish <input type="checkbox"/> nonreactive PERRLA
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	<input type="checkbox"/> warm <input type="checkbox"/> cool <input type="checkbox"/> cold <input type="checkbox"/> dry <input type="checkbox"/> moist <input type="checkbox"/> diaphoretic
Color / turgor	<input type="checkbox"/> pink <input type="checkbox"/> pale <input type="checkbox"/> cyanotic <input type="checkbox"/> mottled <input type="checkbox"/> jaundiced <input type="checkbox"/> elastic <input type="checkbox"/> tenting
Edema	<input type="checkbox"/> none <input type="checkbox"/> present <input type="checkbox"/> location _____ pitting +1 +2 +3 +4
Mucous membranes	<input type="checkbox"/> pink <input type="checkbox"/> pale <input type="checkbox"/> moist <input type="checkbox"/> dry <input type="checkbox"/> lesions
Rash / lesion / wound	<input type="checkbox"/> none <input type="checkbox"/> present site describe _____ location _____
* Alteration in Skin Integrity	none present R/T _____
Oxygenation:	
--Respiratory: Effort	<input type="checkbox"/> unlabored <input type="checkbox"/> dyspneic <input type="checkbox"/> nasal flaring <input type="checkbox"/> abdominal <input type="checkbox"/> stridor <input type="checkbox"/> grunting <input type="checkbox"/> retractions Regular irregular
Lung sounds	<input type="checkbox"/> RUL _____ <input type="checkbox"/> RML _____ <input type="checkbox"/> RLL _____ <input type="checkbox"/> LUL _____ <input type="checkbox"/> LLL _____ Clear Decreased Absent Rales Rhonchi Wheezes

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O ₂ therapy / O ₂ saturation	<input type="checkbox"/> none <input type="checkbox"/> O ₂ therapy _____ lpm / % <input type="checkbox"/> NC <input type="checkbox"/> Mask <input type="checkbox"/> Oxyhood saturation level _____ %
Cough / Respiratory Treatments	<input type="checkbox"/> nonproductive <input type="checkbox"/> productive _____ tx's _____
* Impaired Gas Exchange	none present R/T _____
--Cardiovascular: Apical	<input type="checkbox"/> regular <input type="checkbox"/> irregular <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> PMI <input type="checkbox"/> 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: _____ <input type="checkbox"/> O ₂ saturation <input type="checkbox"/> cardiorespiratory <input type="checkbox"/> other _____ <input type="checkbox"/> alarm parameters verified and on
*Alteration in tissue perfusion	none present R/T _____
Regulation:	
Abdomen / LBM Diet _____	<input type="checkbox"/> soft <input type="checkbox"/> firm <input type="checkbox"/> rigid <input type="checkbox"/> distended <input type="checkbox"/> round <input type="checkbox"/> flat <input type="checkbox"/> tenderness / LBM _____ <input type="checkbox"/> continent <input type="checkbox"/> incontinent
Bowel sounds	RLQ ___ RUQ ___ LUQ ___ LLQ ___ + present -absent ++hyperactive +/-hypoactive
NG / GT	none specify _____
*Alteration in nutrition	none present R/T _____ size _____ <input type="checkbox"/> gravity <input type="checkbox"/> suction
GU	<input type="checkbox"/> no problems <input type="checkbox"/> foley <input type="checkbox"/> dysuria <input type="checkbox"/> hematuria <input type="checkbox"/> frequency <input type="checkbox"/> continent <input type="checkbox"/> incontinent LMP _____
Intravenous Fluids	<input type="checkbox"/> none specify/solution & rate _____
* Alteration in elimination	<input type="checkbox"/> none For shift: total in _____ total out _____ <input type="checkbox"/> present R/T _____
Mobility:	
Muscle tone / strength / Range Of Motion	<input type="checkbox"/> strength equal bilaterally UE and LE <input type="checkbox"/> weakness (specify) _____ <input type="checkbox"/> Full Range Of Motion <input type="checkbox"/> limitations: _____
Gait / fall risk	<input type="checkbox"/> steady <input type="checkbox"/> unsteady <input type="checkbox"/> pre-ambulatory <input type="checkbox"/> paralysis /describe _____
Functional ability	<input type="checkbox"/> independent <input type="checkbox"/> total assistance <input type="checkbox"/> requires assistance (explain) _____
Casts / Assistance devices	none specify _____
*Alteration in Mobility	none present R/T _____
* for abnormal findings, see additional notes	
SN signature:	

STATE AND PRIORITIZE 3 NURSING DIAGNOSES

NURSES NOTES:

SN Signature