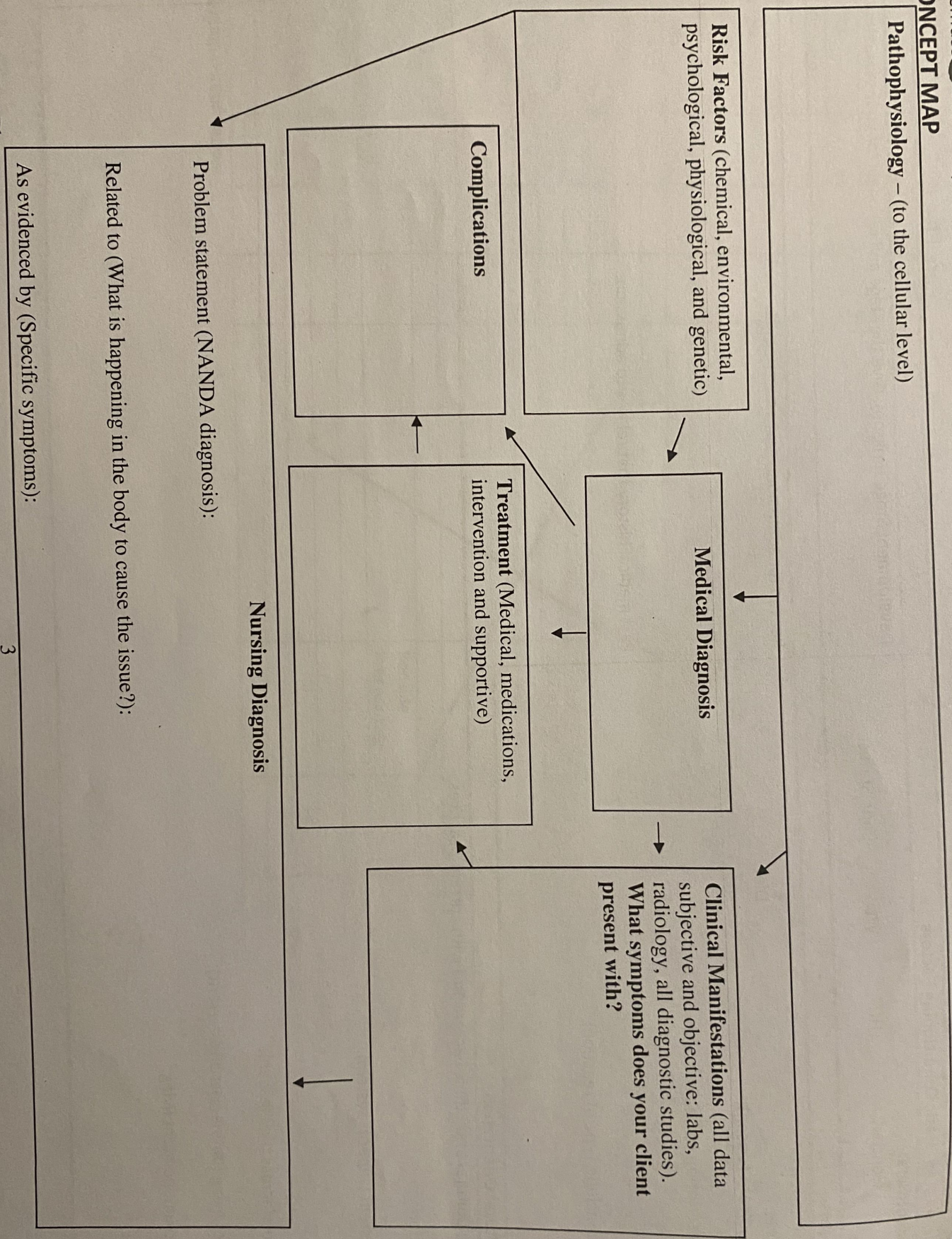


| | |
|---|--|
| Nursing Care Plan - Basic Conditioning Factors | |
| Patient identifiers: | Development Stage (Erikson): Give the stage and rationale for your evaluation |
| Age: | |
| Gender: | |
| Ht: | |
| Wt: | |
| Code Status: | |
| Isolation: | |
| Health Status | |
| Date of admission: | Reason for admission: |
| Activity level: | |
| Fall risk (indicate reason): | Diet: |
| Client's description of health status: | |
| Allergies: (include type of reaction) | Past medical history that relates to admission: |
| Socio-cultural Orientation | |
| Religious, Cultural and Ethnic background with current practices: | |
| Socialization: | |
| Family system (support system): | |
| Spiritual: | |
| Occupation (across the lifespan): | |
| Patterns of living (define past and current): | |
| Barriers to independent living: | |

CONCEPT MAP

Pathophysiology – (to the cellular level)



Vital Signs

Time:

ASSESSMENT: (Highlight all abnormal assessment findings)

Oxygenation/ Circulation

Time:

SpO2

Accu-check

Intake:

Cardiovascular Assessment
 Specialty devices:

1. _____ 2. _____ 3. _____ 4. _____
 Heart Sounds:

Output:

Teaching needs:

Skin Temp/Moisture/Color:

Pain assessment (OPQRST)
 Rating:
 Location:

Edema:

JVD:

Peripheral Pulses:

Respiratory Assessment
 Special devices:

Lung sounds:

Anterior:

Posterior:

Cough:

Oxygen:

Respiratory treatment:
 Medication(s):
 Frequency:
 Rationale for use:

Teaching Needs:

Respiratory effort:

Respiratory pattern: Reg/Irreg

Neurological Assessment:
 Assistive devices:

Level of Consciousness: Alert / Verbal / Pain / Unresponsive

Sleep patterns (During admission):

Orientation: Person / Place / Time / Events

Fine motor function:

Sleep patterns (at home):

Teaching Needs:

Gross motor functioning:

| NANDA definition | expected outcomes of care (Goals) | Interventions | Patient response | Goal evaluation |
|--|--|--|--|---|
| <p>Problem Statement:</p> <p>R/T: (What is the cause of the symptom?)</p> <p>Manifested by: (specific symptoms)</p> | <p>Short term goal: Create a SMART goal that relates to hospital stay.</p> <p>Long term goal: Create a SMART goal that is appropriate for discharge.</p> | <p>This is specific to the client that you are caring for. A list of planned actions that will assist the client to achieve the desired goal. (i.e., obtain foods that the client can eat/likes)</p> | <p>Identify what the client's response or "outcome is to the goal or care that you have provided. i.e., client ate 45% of lunch)</p> | <p>Was it met? Not met? Partially met? If only partially met, what adjustments need to be made?</p> |