MEDICAL RECORD - NURSING HISTORY AND ASSESSMENT

For use of this form, see AR 40-66; the proponent agency is the OTSG.

1. Date *(YYYYMMDD)* and Time of Admission.	2. Admission Diagnosis.

	YES	NO	Patient's own words when possible.
3. Tell me what you know about your illness/injury/hospitalization.			
4. Do you have any other health problems?	☐	☐	
5. Have you been hospitalized before? If so, when and for what?	☐	☐	
6. What medications have you been taking? (to include prescription and over-the-counter drugs) For how long?	☐	☐	
7. Are you allergic to <u>anything?</u> If so, what? What reaction?	☐	☐	
8. Do you have any special needs that require assistance with daily activities? (e.g. diet, eating, bathing, elimination, ambulating, sleeping.) Prosthetics: dentures, reading glasses, contacts.	☐	☐	
9. What other concerns do you have?			
10. How can we be most helpful?			

11. Name of Local Contact/NOK.	12. Relationship.	13. Telephone Number.

14. Interviewer's Signature, Rank & Title.	15. Informant/Relationship.

16. Patient Identification.

17. Personal Articles and Valuables. *(Indicate disposition of each item by initials.)*

Item:	Bedside	Home	Treasurer	Other *(specify)*

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18. Additional Assessment Data.

Admission:	TPR	BP	WT	HT

19. Typed or Printed Name of RN.	20. Signature of RN and Date/Time

ASSESSMENT CATEGORIES:

1. Growth and Development
2. Neurological
   a) Orientation
   b) Level of Consciousness: alert, drowsy, lethargic, comatose; responses: to verbal and painful stimuli; ability to follow commands; reflexes.
   c) Describe abnormalities
3. Eyes, Ears, Nose, and Throat
   a) Eyes: Pupils, vision
   b) Ears: Hearing, drainage
   c) Rhinorrhea, nasal surgery/trauma
   d) Throat: Sore, difficulty swallowing, appearance on inspection, lymph nodes
   e) Describe abnormalities
4. Cardiovascular
   a) Skin: Color, temp, turgor, moisture
   b) Peripheral Circulation: Pulses, edema, extremities
   c) IV's: Contents of bottle hanging, bottle number, condition of site
   d) Pain: Location, radiation, duration,
   e) Intrathoracic tubes and/or dressing
5. Pulmonary
   a) Respirations: Rate, regularity, effectiveness, depth, use of accessory muscles, nocturnal/external dyspnea. Chest movement associated with respirations
   b) Breath sounds: Clear to auscultation, Rales, Rhonchi, Wheezes, etc.
   c) Oxygen: Percent given, liters/min, method of administration continuous or PRN
   d) Cough, sputum, suctioning
6. Gastrointestinal
   a) Abdominal: Auscuitation (bowel sounds present), palpitation, abdominal girth measurement (if applicable)
   b) Dressings and/or drains
7. Genitourinary
   a) Urination: Continence, pattern change
   b) Female: Vaginal Discharge, LMP, last PAP smear (if applicable) etc.
   c) Male: Abnormal discharge, swelling, pain
8. Integumentary
   a) Lesions, pressure points, contractures
   b) Color, moisture, edema, turgor, change in pigmentation
9. Musculoskeletal
   a) Movement Purposeful/Non-purposeful, ROM, muscle strength, level of usual activity
   b) Foot care (as applicable), TED hose
10. Psycho-Social
    a) Adjustment to hospitalization and illness, manner, mood, behavior, relation to persons around them

REFERENCE: DA Pam 40-5
AMEDD Stds of Nursing Practice