**CASE STUDY FORMAT**

1. **INTRODUCTION**

* Patient Profile

Patient’s name ( Initial only)

Age

Gender

Educational attainment

Attending Physician

Chief complaint

Admitting Diagnosis

Date of Admission

* Brief Statement of your client’s case
* Rationale for choosing the case

1. **ASSESSMENT** ( Narrative)

* General Survey
* History of Present Illness ( reason for admission)
* Client’s personal and Family History
* Past Health History ( Diet, Lifestyle, Psychosocial, Immunizations, Previous Illness, Allergy, Nutritional Assessment )
* Physical Assessment ( Head to Toe, per system)\*

|  |  |  |  |
| --- | --- | --- | --- |
| Body Part | Normal Findings | Patient Findings | Significance |
| Skin |  |  |  |
| Head, Eyes , Ears , Nose |  |  |  |
| Respiratory |  |  |  |
| Cardiovascular |  |  |  |
| Gastrointestinal |  |  |  |
| Urinary |  |  |  |
| Musculo skeletal |  |  |  |
| Nervous System |  |  |  |
|  |  |  |  |

1. Anatomy And Physiology of the Affected Organ or System
2. Pathophysiology / Etiology of the Disease (Narrative as well as Diagram)
3. Laboratory/ Diagnostic Tests\*

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| --- | --- | --- | --- |
| Laboratory Tests/ Diagnostic Tests | Normal Range | Patient Findings/ Result | Significance |
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1. **IMPLEMENTATION**

* Comprehensive Nursing Process \*

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| --- | --- | --- | --- | --- |
| Nursing Diagnosis | Goal/ Planning | Intervention | Rationale | Expected Outcome/ Evaluation |
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1. Discussion of Treatment Modalities (Cite Medical or Surgical Interventions done) \*

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| --- | --- | --- | --- | --- | --- |
| Procedure | Cite Patient Based Indication | Patient Preparation | Frequency / Schedule Of Treatment | Nursing responsibility | Evaluation |
| Example:  Tracheostomy Care |  |  |  |  |  |
| Suctioning |  |  |  |  |  |
| Oxygenation |  |  |  |  |  |
| Wound Dressing |  |  |  |  |  |
| IV Therapy |  |  |  |  |  |
| Specify Other procedure |  |  |  |  |  |

1. Drug Study / Pharmacology \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Drug | Classification, Mechanism of Action | Indication, | Contraindication | Side Effect | Nursing Responsibility |
| Name of Drug , Dosage, Frequency, Route of Administration |  |  |  |  |  |

1. **DISCHARGE PLAN**

* Discuss according to the following aspects:
* Medications
* Exercise
* Treatment
* Hygiene
* Occupation
* Diet
* Spiritual, Social Aspect

**\* Please Follow Table Format**