King Saud University

Nursing college

Medical-surgical department

NUR 317

Weekly assignment

Week No……

Date……

Day……

Unit/Word:……

Student Name: ……

Student NO……

Instructor:……

Grade: /15

Comments:……

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Patient profile

1. **Patient bed No:…….. Age: …… Sex: F / M**
2. **Medical Diagnosis**:……
3. **Chief complaint:**

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4. **History of present illness:**

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5. **Past medical History:**

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6. **Surgical History:**

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7. **Family History;**

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8. **Laboratory and Diagnostic studies**

I – Laboratory Test	Normal Value	Result	Significance (Normal / Abnormal)
II – Diagnostic Test	**finding**		

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Date . . . . . Time . . . . . Patient`s Medical Record Number . . . . . .

NURSING CARE PLAN - NIGHT (1900H-0700H)	
ASSESSMENT	**PLAN AND MEASURABLE GOALS**
I. Neurological	**I. Neurological**
Cognitive -	
Behavioural -	
Mental -	
GCS Score- Eye____+ Verbal____+ Motor____= _____	
Others:	
II. Cardiovascular	**II. Cardiovascular**
Pulse - Strenght -	
BP - Edema -	
Capillary Refill (sec): ____	
Others -	
III. Respiratory	**III. Respiratory**
Respiration - O_2 Sat - O_2Flow -	
FiO_2 - Work of Breathing - Secretions -	
Air Entry Right☐ Left☐	
Others -	
IV. Gastrointestinal	**IV. Gastrointestinal**
Abdomen: Girth (cm): Firm☐ Soft☐ Tender☐	
Bowel Sounds -	
Bowel Movement -	
Nutritional Status -	
Others:	
V. Genitourinary	**V. Genitourinary**
Urination - Continent☐ Incontinent☐	
Genitals -	
VI. Musculoskeletal	**VI. Musculoskeletal**
Location:	
Others:	
VII. Integumentary	**VII. Integumentary**
Wound/Skin Integrity -	
Pressure Ulcer- 1☐ 2☐ 3☐ 4☐	
Pressure Ulcer Scale-	
Pressure Ulcer Risk Assessment Score:_____	
VIII. Age Specific Assessment	**VIII. Age Specific Assessment**
IX. Psychosocial	**IX. Psychosocial**
Cultural Considerations -	
Emotional Well-Being -	
Spiritual Considerations -	
Support System -	
X. General	**X. General**
A. Basic Nursing Care (Hygiene) -	
B. Fall Risk Assessment Score -	
C. Pain Scale -	
D. VTE Risk Assessment -	
E. Other Risk Assessment -	
F. Eyes, Ears, Nose, Throat -	
G. Others:	
Nursing Diagnosis:	

PATIENT AND FAMILY EDUCATION ASSESSMENT & PLAN	
Nursing Care Plan discussed with patient? No☐ Yes☐	Nursing Care Plan discussed with family? No☐ Yes☐
Patient`s Measurable Goal/s for the Day -	Family`s Measurable Goal/s for the Day -
Plan:	Plan:

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Date . . . . . Time . . . . . Patient`s Medical Record Number . . . . . .

VITAL SIGNS

		TIME	07																												
Blood Pressure	Temperature	40																													
		39																													
		38																													
		37																													
		36																													
		35																													
		34																													
		200																													
		190																													
		180																													
		170																													
		160																													
		150																													
		140																													
		130																													
		120																													
		110																													
	Heart Rate	100																													
		90																													
		80																													
		70																													
		60																													
		50																													
		40																													
		30																													
		20																													
Respiration Rate																															
SpO_2																															
O_2 Flow																															
HGT																															
Abdominal Girth																															
Pain Scale																															
SBR																															
EWS Score																															
IV Site	1																														
	2																														
Physical Care	Suction																														
	CPT																														
	Position																														
	Eye Care																														
	Oral Care																														
	Bath																														

24° INTAKE & OUTPUT BALANCE

TOTAL FLUIDS HOURLY	SOLUTION						FEEDING		TOTAL INTAKE	Emesis	Urine	Stool	EVD/VP Shunt/ DRAINS				TOTAL OUTPUT
							Tube	Oral		Amount	Amount	Amount					
0800																	
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
TOTAL (Day)																	
2000																	
2100																	
2200																	
2300																	
2400																	
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700																	
TOTAL (Night)																	
TOTAL 24°																	

PREVIOUS 24° INTAKE & OUTPUT BALANCE

Total Oral/Tube Intake: _____ ml

Total Drain/ Stoma Output: _____ ml

Balance (+/-): _____ ml

Total IV Intake: _____ ml/kg/day

Total Urine Output: _____ ml/kg/day

Bowel Movement: _____ ml

Total Fluid Intake: _____ ml

Total Output: _____ ml

NPO Days: _____ days

Literature review

Definition;……

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Pathophysiology of disease:

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Sings & symptoms:

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Causes:

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Treatment:

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Nursing care plane 1

Patent Name &ID: ..... Room/bed NO:..... diagnosis: .....

Nursing diagnosis (problem)	Goals	Interventions	Evaluation

Nursing care plane 2

Patent Name &ID: ..... Room/bed NO:..... diagnosis: .....

Nursing diagnosis (problem)	Goals	Interventions	Evaluation

Nursing care plane 3

Patent Name &ID: ..... Room/bed NO:..... diagnosis: .....

Nursing diagnosis (problem)	Goals	Interventions	Evaluation

Medication sheet 1

Patent Name &ID: ..... Room/bed NO: ..... diagnosis: .....

Name	Dose	Route +time	Action	Indication	Side effects	Nursing role	Evaluation

Medication sheet 2

Patent Name &ID: ..... Room/bed NO: ..... diagnosis: .....

Name	Dose	Route +time	Action	Indication	Side effects	Nursing role	Evaluation

Medication sheet 3

Patent Name &ID: ..... Room/bed NO: ..... diagnosis: .....

Name	Dose	Route +time	Action	Indication	Side effects	Nursing role	Evaluation