

Weekly assignment

	Marks	Student Marks
1. Patient profile	1	
2. Laboratory and Diagnostic Tests	1	
3. Physical assessment sheet , Vital Signs, I& O	2	
4. Literature Review	1.5	
5. Medication sheet	1.5	
6. Nursing care plan	3	
TOTAL	10	

Student Name: _____

Student No. _____

Week No _____

Date _____

Day _____

Instructor _____

Patient Profile



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1. Patient bed No: _____ Age: _____ Sex: F / M
2. Medical Diagnosis: _____
3. Chief complaint: _____
4. History of present illness:

5. Past medical history:

6. Surgical history:

7. Family history

8. Allergies/ Medications

Laboratory and Diagnostic studies

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

PHYSICAL ASSESSMENT

SYSTEM	PATIENT FINDINGS
1 – NEUROLOGICAL	
• Cognitive	
• Behavioral	
• GCS Score	Eye : ____ + Verbal ____ + motorl ____ = ____
Others	
II – CARDIOVASCULAR	Pulse: ____ BP ____ Strength ____ Edema ____ Capillary Refill ____ sec. Others ____ Heart sound ____
III – RESPIRATORY	RR ____ O2 Sat ____ O2 Flow ____ FIO2 ____ Work of Breathing ____ Lung sound ____
IV – GASTROINTESTINAL	Abdominal Girth ____ cm Firm ____ Soft ____ Tender ____ Bowel Sounds ____ Bowel Movement ____ Nutritional Status ____ Others : ____
V – GENITOURINARY	Urination Continent ____ Incontinent ____ Catheter ____ Urine Output ____
VI – MUSCULOSKELETAL	Location Spasticity ____ Flaccidity ____ Weakness ____ Paralysis ____ Deformity ____ Others ____

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	Range of Motion _____
	Others _____
VII – INTEGUMENTARY	
	Wound _____
	Skin Integrity _____
	Pressure ulcer _____
	Hair and Nails _____
VIII – PSYCHOSOCIAL	
Cultural Consideration	
Emotional Well Being	
Spiritual Considerations	
Support Systems	
IX – GENERAL	
	Pain Scale
	Temperature
	Hygiene

VITAL SIGNS SHEET

TIME	DATE	TEMPERATURE	BLOOD PRESSURE	HEART RATE
40				
39				
38				
37				
36				
35				
34				
200				
190				
180				
170				
160				
150				
140				
130				
120				
110				
100				
90				
80				
70				
60				
50				
40				
30				
20				



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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 IV Intake: _____ ml/kg/day	Total Fluid Intake: _____ ml
Total Drain/ Stoma Output: _____ ml	Total Urine Output: _____ ml/kg/day	Total Output: _____ ml
Balance (+/-): _____ ml	Bowel Movement: _____ ml	NPO Days: _____ days



Literature Review

Medical Diagnosis _____

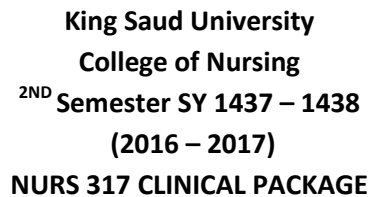
Definition; _____

Pathophysiology of disease:

Signs & symptoms:

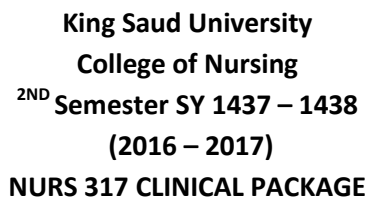
Causes:

Treatment:



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

NUR 317 Medical-Surgical Dept.



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

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Medication sheet 1

Patient Name &ID: **Room/bed NO:** **diagnosis:**

Name /Dose Route / Frequency (0.5 marks)	Action (0.25 marks)	Indication (0.25 marks)	Side effects (0.25 marks)	Nursing role (0.5 marks)	Evaluation (0.25 marks)



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Medication sheet 2

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

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



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Medication sheet 3

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

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



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Progress Notes