|  |
| --- |
| **Weekly report**  |

 **(To be submitted every other week)**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_area \_\_\_\_\_\_\_\_\_\_Room/bed No.\_\_\_\_\_\_\_\_\_**

**Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEEK#\_\_\_\_\_\_\_\_\_**



|  |  |  |
| --- | --- | --- |
|  | **Marks**  | **Student Marks**  |
| 1. **Physical assessment sheet**
 | **2** |  |
| 1. **Laboratory and Diagnostic Tests**
 | **1** |  |
| 1. **Nursing care plan**
 | **4** |  |
| 1. **Medication**
 | **3** |  |
| **TOTAL**  | **10**  |  |





**Physical assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RM #  | Area critical \ ER ----- bed# -------- sex: M\F Age:  | Admission day : | Unit :Triage level in ER dep. :  | Wt :Height:BMI: |
| DX: | **ISOLATION:** | Allergies:  |
| Lines :art linesPA cathsIV Site:PICC:CVC:note:  location, the condition of them, and when the dressings were last changed **Orders to flush central/hep**  | CVP:PA pressure :  | V/S | 0800 | 0900 | 1000 | 1100 | 1200 |
| T |  |  |  |  |  |
| HR |  |  |  |  |  |
| BP |  |  |  |  |  |
| SPO2 |  |  |  |  |  |
| FSBS |  |
| NEURO: Mental : Speech: PUPILS: R\_\_\_  L \_\_\_ GCS ----\------ | Cardio:Heart sound: Tele (ECG) :  Edema -----Location of edema :Peripheral pulse: ( Strength/regularity) UR LR UL LL  | O2 RA …… NC ……L Lung Sounds Cough TRACH suctionVentilation mood setting Chest tube: ABG :PH : HCO3 : PCO2:Interpretation :-------------------------------------------- |
| GI Diet:PO. NPO NPO w/MedsNGTFluid RestrictionsLast BM:   | GU Urine color Intake:Output:-- ml\kg\hrBalance: FOLEY  24/HR Strict I/O ’s DIALYSIS   | SkinColor Condition  Wound  Dressing Drain output…….  |
| M/S 🡪(Strong ,week , par thesis ,paralysis ) RU RL LU LL Brace Cane Walker Wheelchair  | ACITVITYPT | PAIN (PQRSTU) |

**ECG strip HR: ------- PR interval --------- QSR duration-----------**

**Interpretation --------------------------------------------------**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Laboratory and Diagnostic studies** |

|  |  |  |  |
| --- | --- | --- | --- |
| **I – Laboratory Test** | **Normal Value** | **Result** | **Significance**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **II – Diagnostic Test**  | **DATE**  | **FINDING** |
|  |  |
|  |  |
|  |  |
|  |  |

**List of actual nursing diagnosis :**

**1-**

**2-**

**3-**

**4-**

**5-**

|  |
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| **Nursing Care Plan 1** |

**Patent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room/Bed NO:\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment**  | **Nursing diagnosis**  | **Goals** | **Interventions** | **Evaluation** |
| **Subjective data;****Objective data;**  |  |  |  |  |

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| **Nursing Care Plan 2** |

**Patent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room/Bed NO:\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment**  | **Nursing diagnosis**  | **Goals** | **Interventions** | **Evaluation** |
| **Subjective data;****Objective data;**  |  |  |  |  |

|  |
| --- |
| **Nursing Care Plan 3** |

**Patent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room/Bed NO:\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis**

**List of patient medication:**

**1-**

**2-**

**3-**

**4-**

**5-**

**6-**

**7-**

|  |
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| **Medication sheet 1** |

**Patent Name &ID: …………………………………….. Room/bed NO: …………… Diagnosis: …………………..……**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Drug** **Dose****Route Frequency**  | **Classification / Action of the Drug** | **Indication** | **Side effects Observed in the client**  | **Nursing role** | **Evaluation** |
|  |  |  |  |  |  |

|  |
| --- |
| **Medication sheet 2** |

**Patent Name &ID: …………………………………….. Room/bed NO: …………… Diagnosis: …………………..……**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Drug** **Dose****Route Frequency**  | **Classification / Action of the Drug** | **Indication** | **Side effects Observed in the client**  | **Nursing role** | **Evaluation** |
|  |  |  |  |  |  |
| **Medication sheet 3** |
|  |

**Patent Name &ID: …………………………………….. Room/bed NO: …………… Diagnosis: …………………..……**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Drug** **Dose****Route Frequency**  | **Classification / Action of the Drug** | **Indication** | **Side effects Observed in the client**  | **Nursing role** | **Evaluation** |
|  |  |  |  |  |  |