Professional Nursing Services

10615 York Road
Cockeysville, MD 21030
(410) 683-9770

Nurses Notes:
Completing the Initial Assessment Section of the Nursing Notes

1- Fill this section out within the 1st hour of your shift

2- Document the condition of the client **AT THAT TIME- This is an INITIAL ASSESSMENT**

3- Include any therapies and equipment in place- ie: 02, Pulse Ox monitoring, feeding pump, etc
Be sure to include infusion and flow rates, alarm settings, placement and amount

4- **DO NOT FORGET** to document any safety precautions in place for that client-
ie: Seizure, Aspiration/Reflux, Falls, etc—you must also document these throughout the shift to show that they are being maintained as ordered

The Initial Assessment section is a form of Charting by exception- this means that you document to clarify the items circled that require more detail and add items that are not in the prompt list

Example: NEURO section- circled are: alert, awake-fully conscious, responsive to stimuli, PERL, normotonic, AROM, mobility, seizures:

To clarify you may write :
crawls and rolls over independently; hx of petit mal seizures with Seizure & Fall Precautions in place; smiles & tracks with eyes during interaction-nonverbal
By documenting in this manner you have imparted a lot of information about the client in a very short space; and by using the prompts in the assessment sections to lead you through each stage of the initial assessment you are less likely to omit any of your findings.

Example: RESP section- circled are Rhonchi, coughing, regular & nonlabored, trach, oxygen, pulse oximeter, secretions-oral/trach-sm amt- clear **** If both neb or inhaler therapy AND CPT /vest are being given- ALWAYS give neb/inhaler first, then do CPT- and document sequence clearly and concisely. If time is of the essence then the neb/inhaler and CPT may be given at the same time.**

To clarify you may write:
4.0 ped shiley- 02 at 1L via NC continuous; Aspiration / reflux precautions maintained;SP02-95%- low HR 60 High HR 140 Low 02 90%- at L great toe- continuous at NOC; Bilat rhonchi all fields; thin secretions w/prod cough- no suction required
In this section the Pulse Ox probe placement is clearly noted along with the parameters for the monitor alarms that have been ordered by the physician. You have also clarified the circled findings 'Rhonchi' and 'coughing' and given more detail about those findings- including where located- that can be used as a baseline for the rest of your shift from which to gauge progress

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Example: GI section- circled are soft, flat, GT, nutrition, pump, bowel sounds + in all 4 quadrants

To clarify you may write: 14Fr Mic-Key, Pediasure w/fiber 480ml at 120ml/hr via K Pump TID w/120ml H20 flush via GT(300ml infusing); Bowel sounds sluggish x4 on auscultation

** here you can include GT patent & intact, placement verified via audible air rush/aspiration w/no residual noted if you have checked these at this time- otherwise include this information in your note at that time.
In this section you have all the information about the feeding and how feedings are infused- here is where a Farrell bag would be mentioned if venting GT

Example: GU section- circle the appropriate items…

To clarify you may write*:* Incontinent of bowel & bladder- diaper dry

(remember this is documentation at the time of your initial assessment).

Example: Skin section- circled are- pink, dry, normothermic, scars

To clarify you may write: R hip surgical scar- healed ; lips dry &chapped

This is where old or healing scars are noted as well as any new issues- scratches, bruises, red or open areas should be well documented with approx size, color and when first noticed.

Example: CV section- circled are- regular, strong, peripheral pulses palpable

To clarify you may write: Less than 3 seconds- addressing the cap refill question.
You may also wish to include any issues such as cold hands & feet or if there is a palpable pedal pulse in both feet but one is stronger than the other—this gives you a baseline to use for assessments throughout the rest of the shift

Example: Psych- circled are- Happy, Sociable

To clarify you may write: Oriented to person & place
This establishes the clients mental ability as knowing her name and the she is in her house perhaps; this can be useful to not only you as your shift progresses, but oncoming shifts- especially in a patient with history of seizures.

Example: Equip- 02 tank (½ full) 02 compressor, ambubag/ped mask at bedside, K pump, suction, nebs, pulse ox, humidifier, hosp bed, w/c
Write what is in use and where it is in the home- having done the above assessment and noted items such as pulse ox readings and 02 rates this should include those and any other equipment present.