

11 Complete this nursing assessment form. Ask your partner all necessary questions.

anuria
bezmocz
apathy apatia
bloating
wzdęcia
bowel
movement
wypróżnienie
bradycardia
bradykardia,
rzadkoskurcz
burning
pieczenie
depression
depresja
diarrhoea
biegunka
equilibrium
równowaga
euphoria
euforia
heartburn
zgaga
menstruation
menstruacja,
miesiączka
mobility
ruchomość
nausea
nudności
obese otyły
overweight
z nadwagą
pacemaker
rozzrusznik
serca
posture
postawa
vomiting
wymioty
walker
chodzik,
balkonik
wheelchair
wózek
inwalidzki

Longlife University Hospital

date:

NURSING ASSESSMENT

Patient:

Wt:

DOB:

Ht:

M/F

cc:

CVS

P:

normal

bradycardia

tachycardia

thready

BP:/.....

normal

hypotension

hypertension

Pacemaker: Y / N

RESPIRATORY

Resps:

Sputum:

Y (describe)

N

Cough:

Y (describe)

N

SOB:

Y (what situations?)

N

NERVOUS

unconscious

comatose

vegetative state

insomnia

Pain:

Y (describe)

N

Speech:

normal

problems (what?)

Equilibrium disorders:

present

absent

GIT

BMI:

overweight

obese

Appetite:

normal

increased

reduced

BMs:/day

normal

diarrhoea

constipation

Other:

heartburn

bloating

nausea

vomiting

UGS

dysuria

polyuria

oliguria

anuria

haematuria

burning

incontinence

Menses:

regular

irregular

NA

MSS

Joint mobility:

full

limited

contractures

Posture:

normal

abnormal

Other:

fractures

sprains

paresis

Mobility aids:

wheelchair

walker

crutches

MENTAL STATUS

depression

euphoria

apathy

anger

Other: