

REGISTERED NURSE ASSESSMENT FORM (JUVENILE)

DATE: N-372 TIME: N-373

Client Name: N-244 DMH Number: N-371 Age: N-239 Sex: N-240 Ethnicity: N-282
Primary Language: N-294 Height: N-240 Weight: N-240

Current Psychiatric Medications (dosage, frequency, last dose): N-374

Other Medications: (insulin, oral glucose, cardiac, cholesterol – dose, frequency, last dose): N-375

Allergies: N-340

Confirmed Food Sensitivities: N-376

Current Drug Use: N-334 History of Drug Use: N-335

PHYSICAL ASSESSMENT

Chief Complaint: N-326

Attitude in Assessment: N-377

Environmental Needs: N-378

Limitations: N-379

Capabilities: N-380

General Appearance: N-342

Condition of Skin: N-381 Turgor: N-382 Edema: N-383 Lesions (scars): N-384 Tattoos: N-385

Cardiovascular Pulse: Apical: N-386 Radial: N-387 Pedal: N-388 Rhythm/Arrhythmia (circle one): N-389

Homan's Sign (calf tenderness) ☐ yes ☐ no N-390

History of cardiovascular problems: N-391

Respiratory: Rate & Quality: N-392

Breath Sounds: N-393

Shortness of Breath: N-394

Nocturna/Externa: Dyspnea N-395 Sputum Production: N-396 Respiratory Problem History N-397

Gastrointestinal: Constipation: N-398 Diarrhea: N-399 Indigestion: N-400 Nausea: N-401 Vomiting: N-402

Condition of Teeth: N-403

Bowel Pattern: N-404

Eating Pattern: N-405

Laxatives: N-406

History of Gastrointestinal Problems: N-407

Current Dietary Restrictions: Prescribed: N-408 Self-Initiated: N-409

Neuromuscular: Level of Consciousness N-410 Pain Occurrence: N-411 Describe Gait: N-412

Grip: N-413

History of Neuromuscular Problems: N-414

Recommended Additional Data Elements: N-866, N-867, N-868, N-869, N-870, N-871