New York City College of Technology  
Department of Nursing  

Initial Assessment Tool

<table>
<thead>
<tr>
<th>Student ID:</th>
<th>Student Last Name:</th>
<th>Student First Name:</th>
<th>Course Number:</th>
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</thead>
</table>

Semester: ____________________________________________

Client ID: ___________________ Date of Birth: ________ Age: ______ Sex: ______ Room Number: ______ Allergy: ______

Language: (Arabic, Chinese, English, French, Russian, Spanish, Other) 

Language Other: __________________ Admission Date: ______ Date of Care: ______

Admission Diagnosis: __________________ Advanced Directive/DNR: yes, no

Central Nervous System:

LOC-Level of Consciousness: (alert, lethargic, stupor, comatose)

Orientation

<table>
<thead>
<tr>
<th>pos</th>
<th>Person</th>
<th>neg</th>
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</thead>
<tbody>
<tr>
<td>pos</td>
<td>Place</td>
<td>neg</td>
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<tr>
<td>pos</td>
<td>Time</td>
<td>neg</td>
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</tbody>
</table>

Behavior: anxious, agitated, calm, restless

Restraints: yes, no

Restraint Type: wrist, ankle, vest, belt

Restraint Neuro: pos, neg

Restraint Move: pos, neg

Call Bell: yes, no

Side Rails: yes, no

Vital Signs:

Temperature: ______ Temperature Location: (oral, rectal, axillary, tympanic)

<table>
<thead>
<tr>
<th>Right</th>
<th>Pulses</th>
<th>Left</th>
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<tbody>
<tr>
<td>pos</td>
<td>neg</td>
<td>pos</td>
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<td>pos</td>
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<td>pos</td>
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</table>

Pulse Rate

<table>
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<tr>
<th>Radial</th>
<th>Apical</th>
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</table>

Respiration Rate: ______

Respiration Depth: normal, shallow, deep

Blood Pressure: ______

Blood Pressure Site: arm, leg

Pain: yes, no If YES continue this section

Location: ______ Quality: (sharp, dull, burning stabbing, crushing)

Quality Other: ______ Severity: 0 1 2 3 4 5 6 7 8 9 10

Radiates: yes, no

Duration: ______ Frequency: ______

Respiratory:

Anterior Lung

Anterior RUL: clear, rhonchi, crackles, wheeze

Anterior RML: clear, rhonchi, crackles, wheeze

Anterior RLL: clear, rhonchi, crackles, wheeze

Anterior LUL: clear, rhonchi, crackles, wheeze

Anterior LLL: clear, rhonchi, crackles, wheeze

Chest Movement: (symmetrical, sternal retractions, accessory muscles)

Mucous Membranes: (cytic, jaundice, pale, pink)

Secretions Amount: (none, copious, moderate, scant)

Secretions Type: (blood streaked, frothy, thin, thick)

Oxygen: yes no

Oxygen Type: ______

Oxygen Flow Rate: ______ liter / minute

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revised 1/2/2008
Abdominal Assessment: soft, hard, distended, ascites, tender, non-tender

Bowel Sounds RUQ: pos, neg  Bowel Sounds LUQ: pos, neg
Bowel Sounds RLQ: pos, neg  Bowel Sounds LLQ: pos, neg

Last BM Date:__________________  Bowel Movement: formed, soft, hard, watery, bloody, tarry, clay

Urinary Elimination Type: voids, foley, continous, bladder irrigation (CBI), incontinent
Urine Characteristic: yellow, cloudy, dilute, concentrated, hematuric
Amount of Urine:  Last Void: 

IV: yes no  If YES complete this section
IV Site: __________________________  IV Hourly Rate: _____ ml/hour  IV Drop Factor: _____ gits/minute
IV Solution Type:____________________  Heplock: yes no

Nothing by Mouth: yes no  Diet Consistency: solids, chopped, puree,
Diet Type: (regular, clear-liquid, full-liquid, soft, low-residue, high-fiber, sodium restricted, low cholesterol)  Diet Other:____________________

Skin / Wound:

Self Care: (independent, needs assistance, total care)  Edema: present, absent  Location Edema:__________
Integumentary Skin Color: pink, pale, flushed, cyanotic, jaundiced, mottled
Integumentary Temperature: hot, warm, cool, dry, moist, diaphoretic  Integumentary Integrity: intact, rash, pressure ulcer

Pressure Ulcer Stage: I II III IV none  Pressure Ulcer Drainage: pos, neg  Pressure Ulcer Odor: pos, neg
Pressure Ulcer Necrotic: pos, neg  Pressure Ulcer Granulation: pos, neg
Dressings Site:____________________  Dressings Intact: yes, no  Dressings Drainage: yes, no
Drainage Tubes Type: Jackson-Pratt, Hemovac, Penrose  Drainage Amount:_____  Drainage Characteristic: (serous, serosanguineous, sanguineous, purulent)

Wound Assessment: surgical, non-surgical  Wound Location:____________________

Mobility / Neurovascular:

Activity Level: (bed rest, ambulates with assistance, ambulates independently)  Gait: steady, none  OOB to chair, OOB with BRP
Gait Weight Bearing: (none, bilateral, right weight bearing, left weight bearing)

Neurovascular:

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<tr>
<th>Right</th>
<th>Fingers:</th>
<th>Left</th>
<th>Right</th>
<th>Toes:</th>
<th>Left</th>
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