Acute care hospital

# INITIAL ASSESSMENT NURSING CARE

D T 9 1 0 9

## 1- PRELIMINARY DATA

| | | | | | |
|---|---|---|---|---|---|
| **ARRIVAL** | Year / Month / Day / Time : | on foot ☐ | Other : | | |
| | alone ☐ | accompanied by : | | | |
| **LANGUAGE** | spoken | understood | | | |
| **RELIGION** | Catholic ☐ | Protestant ☐ | Other : | | |
| **PERSONS TO BE CONTACTED** | Name | Relationship | Tel. at work ( ) | res. ( ) | |
| | Name | Relationship | Tel. at work ( ) | res. ( ) | |

Reason for hospitalization (according to user)

General aspect (behaviour and appearance, weight variation, etc.)

| Pulse | BP | T (°C) | Resp. | Height (m) | Weight (kg) | Right handed ☐ | Left handed ☐ |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

## 2- HEALTH PROBLEMS

| PARAMETERS | ALTERATIONS NOTED | SPECIFICATIONS *(therapeutic material used)* |
|---|---|---|
| **Respiration** (tract, characteristics, associated problems…) | no ☐ yes ☐ | |
| **Digestion** (alimentary tract, mastication, deglutition, appetite…) | no ☐ yes ☐ | |
| **Elimination** (tract, characteristics, control…) | no ☐ yes ☐ | |
| **Skin/Appendages** (integrity, appearance, temperature…) | no ☐ yes ☐ | |
| **Mobility** (integrity, endurance, comfort…) | no ☐ yes ☐ | |
| **Cognition/Perception** (senses, language, writing, memory, concentration, orientation, judgment…) | no ☐ yes ☐ | |
| **Sleep** (quality, duration…) | no ☐ yes ☐ | |
| **Sexuality/Reproduction** (integrity…) | no ☐ yes ☐ | |

**Other health problems and prehospitalization treatment:** no ☐ yes ☐ specify :

**Known allergy, to drugs, other:** no ☐ yes ☐ specify nature and reactions :

Special diet: no ☐ yes ☐ specify:

**MEDICATION** *(taken before hospitalization, prescribed or not)*

| Name | Dosage | Usage known | Name | Dosage | Usage known |
|---|---|---|---|---|---|
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## 3- LIFESTYLE

| CATEGORIES | SPECIFICATIONS (nature, frequency, changes, requirements) |
|---|---|
| **Nutrition** (food groups, fats, sugar…) | |
| **Physical activity** (sports, exercise…) | |
| **Hygiene** (skin, hair, nails, teeth…) | |
| **Tobacco/alcohol/drugs** | |
| **Work/recreation/other activities** | |
| **Spirituality** (values, beliefs, practice…) | |

## 4- ENVIRONMENT

Social support network

**Work environment** (stressor agents: psychological/physical/chemical…)

**Living environment** (favourable, unfavourable)

**Significant incidents** (family conflicts, economic difficulties, mourning, job loss, breakup…)

## 5- ADJUSTMENT TO STRESS

**Previous hospitalization:** no ☐ yes ☐ (reaction, exceptations, repercussions…)

**Hospitalization and current state of health:** (reaction, expectations, repercussions…)

**Means used to reduce stress**

## 6- ANALYSIS AND SYNOPSIS

Nurse's signature

Year Month Day

Date