

القسم : التمريض
المرحلة : الثانية
المادة : تمريض البالغين العملي
الموضوع : التقرير اليومي



جمهورية العراق
وزارة التعليم العالي والبحث العلمي
كلية المستقبل الجامعة

Supervisor:

Student Name:

Hospital Name:

Date:

Assessment

Patient Name:

Age:

Gender:

Marital status:

Religion:

Address:

Educational Level:

Occupation:

Chief Complaint on Admission:

Medical Diagnosis:

Sign & Symptoms:

Past Health History:

1. **Chronic illness:**
2. **Immunization:**
3. **Allergies (include reaction):**
4. **Medication:**
5. **Diet:**
6. **Activity:**
7. **Surgical Procedure:**

8. **Family History:**

Review of System

1. **General Appearance:**
2. **Grooming:**
3. **Head and Neck:**
4. **Eyes:**
5. **Ears:**
6. **Nose and Sinuses:**

7. Respiratory:

8. Cardiovascular:

9. Breast:

10. Gastrointestinal:

11. Genitourinary:

12. Musculoskeletal:

13. Neurological:

14. Endocrine:

15. Immune :

Vital singses

1. Blood Pressure:

2. Pulse Rate:

3. Respiratory Rate:

4. Temp:

Medications

NO	Name of Medication	Pharmacological Classification	Dosage, Route and Frequency	Reasons of this taking drugs
1				
2				
3				
4				
5				
6				
7				

Laboratory Tests

Lap	Current value	Normal Range	Why Lap order	If abnormal, why

Nursing Care Plan

Subjective & Objective	Nsg DX	Implementation
S:		
O:		
Subjective & Objective	Nsg DX	Implementation
S:		
O:		
Evaluation		

Subjective & Objective	Nsg Dx	Implementation
S:		
O:		
Subjective & Objective	Nsg Dx	Implementation
S:		
O:		
Evaluation		