

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



جمهورية العراق
وزارة التعليم العالي والبحث العلمي
كلية المستقبل الجامعة

Student's Name: _____

Date of Submission: _____

Area of Application: _____

Total Grade: _____

Comments: _____

Assessment Sheet

Nursing history

Client's profile

Client's name: _____ Age: _____ Gender: M F Occupation: _____ Marital status S M W D
Level of education: _____ Address: _____ Religion: _____

Admission data: Date _____ Transferred from _____

Accompanied by _____ Client is ambulating or on, wheelchair, stretcher.

Chief complains (reason for seeking medical advice): _____

Confirmed medical diagnosis _____

Surgical or medical intervention _____

History of the present illness: signs and symptoms during student's assessment:

Location _____ Onset _____ Duration _____

Intensity on pain scale _____ Frequency _____ Description _____

Precipitating factors _____ Relieving factors _____

Associated symptoms _____

Past history:

Previous illnesses: _____ Previous hospitalization: _____

Surgeries: _____ Injuries and accidents: _____

Drug or food allergies: _____ History of medication intake: _____

Family history: Parents, sibling ,grandparents for history of common genetic diseases as cardiac, hypertension, cancer, Epilepsy , Diabetes Mellitus and cause of death: _____

Life style:

Smoking _____cigarette\ day _____ Alcohol consumption (glass\ day): _____ Drugs: _____

Diet preference: _____

Sleep pattern: Night sleep hours: _____ Naps: _____ Difficulties: _____

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Diagnostic Procedures

Procedure	Pre/Post Nursing care

Laboratory tests

Test	Result	Interpretation	Normal / Abnormal
Hematology			
Chemistry			
Urine Analysis			

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Recommended nursing observations / orders

- **Vital signs:** _____
- **Dressing:** _____
- **Drains care:** _____
- **Diet:** _____
- **Intake and Output:** _____

Intravenous fluids

I.V.F name	Amount	Frequency	Drop\min	Added Medication

Nursing Care Plan

Client's Initials: _____

Word: _____

Medical Diagnosis: _____

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

O:		

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

O:		

Definition of the Disease:

Etiology of the disease:

According to Textbook	In Your Patient
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References: