

## DAILY NURSING ASSESSMENT FLOWSHEET (complete each shift)

0700 – 1900

1900 - 0700

**MENTAL STATUS**

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<p><b>Orientation:</b></p> <input type="checkbox"/> Time/Date <input type="checkbox"/> Place <input type="checkbox"/> Person	<p><b>Memory:</b></p> <input type="checkbox"/> Impaired <input type="checkbox"/> Intact	<p><b>Activity:</b></p> <input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Threatening <input type="checkbox"/> Social <input type="checkbox"/> Withdrawn <input type="checkbox"/> Aggressive <input type="checkbox"/> Lethargic <input type="checkbox"/> Hyperactive <input type="checkbox"/> Limit-testing <input type="checkbox"/> Manipulative <input type="checkbox"/> Disruptive
<p><b>Affect:</b></p> <input type="checkbox"/> Inappropriate <input type="checkbox"/> Appropriate <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Frightened <input type="checkbox"/> Sarcastic <input type="checkbox"/> Labile <input type="checkbox"/> Flat/blunted <input type="checkbox"/> Anxious <input type="checkbox"/> Constrict <input type="checkbox"/> Suspicious <input type="checkbox"/> Angry	<p><b>Thinking:</b></p> <input type="checkbox"/> Logical <input type="checkbox"/> Grandiose <input type="checkbox"/> Concrete <input type="checkbox"/> Tangential <input type="checkbox"/> Blocked <input type="checkbox"/> Confused <input type="checkbox"/> Loose <input type="checkbox"/> Persecutory <input type="checkbox"/> Paranoid <input type="checkbox"/> Pressured	<p><b>Eye Contact:</b></p> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Fleeting <input type="checkbox"/> None
<p><b>Judgement:</b></p> <input type="checkbox"/> Poor <input type="checkbox"/> Adequate		

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Suicidal (describe):

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Self Injurious (describe):

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Homicidal (describe):

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Hallucinations (describe):

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Delusions (describe):

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Suicidal (describe):

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Self Injurious (describe):

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Homicidal (describe):

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Hallucinations (describe):

---

Delusions (describe):

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1900 - 0700

Attend 2 or more groups:	Y	N	Y	N
Attention to task (10 minutes +):	Y	N	Y	N
Can retain 1 step directions :	Y	N	Y	N
Responds beyond YES or NO:	Y	N	Y	N
Initiates conversation:	Y	N	Y	N
Short-term memory:      WNL      Impaired      Intact	Y	N	Y	N

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**Patient Name**

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**Date**