

EDGEWOOD COLLEGE
NURSING 311 CLINICAL WORKSHEET

Student's Name _____ Date _____

Client Initials _____ Gender _____ Room # _____ Age _____ Physician _____

Adm Date _____ Reason for Adm _____

Other Medical Diagnosis _____

Surgical Procedures _____ Date of Surgery _____

Code: ___ No Code: ___ Baseline Data: BP _____ TPR _____ Ht. _____ Wt. _____

Allergies _____

Oxygenation

VS q _____
Pulse Oximetry _____
Oxygen _____ L per _____
Incentive spirometry _____
Cough & deep breathe _____

Elimination

Catheter _____
Commode _____

Endocrine Function

Blood Glucose Monitoring _____

Protection

Bath (type) _____
Oral Hygiene _____ Dentures _____
Dressing/wound care _____
Isolation _____

Senses

Glasses _____
Hearing Aid _____

Comfort

PCA _____ Epidural _____

Nutrition

Diet _____
Assist with meals _____
Feeding Tube _____
Formula _____
TPN _____

Fluids & Electrolytes

IV solution _____
at _____/hour
I&O _____ Fluid Restriction _____
Drains: _____
NG tube: _____ Setting: _____

Activity & Rest

Activity _____
Assistance _____
Reposition q _____ hrs.
Teds/ Aces _____
PT _____ OT _____

Neurological Function

Alertness/Orientation _____
Neuro Checks _____
Communication _____