

COMMUNITY COLLEGE OF ALLEGHENY COUNTY  
ALLEGHENY CAMPUS - DEPARTMENT OF NURSING

CLINICAL PREPARATION/ASSESSMENT SHEET  
FIRST LEVEL NURSING  
NRN 101 AND NRN102

Room No: \_\_\_\_\_ Student Nurse: \_\_\_\_\_  
Patient Initials: \_\_\_\_\_ Date of care: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Admission Date: \_\_\_\_\_  
Admission Diagnosis: \_\_\_\_\_  
Advanced Directives/Code Status: \_\_\_\_\_  
Psychosocial/Cultural factors: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Patient Care Data: \_\_\_\_\_  
Mental Status: \_\_\_\_\_  
Oxygen: \_\_\_\_\_  
Diet: \_\_\_\_\_  
    Fluids: \_\_\_\_\_  
    Tube Feedings: \_\_\_\_\_  
        (type, rate, amount)  
Eliminations: \_\_\_\_\_  
    Bowel: \_\_\_\_\_  
    Bladder: \_\_\_\_\_  
I & O: \_\_\_\_\_  
Hygiene: \_\_\_\_\_  
Oral Hygiene: \_\_\_\_\_  
Physical Therapy: \_\_\_\_\_  
Treatments \_\_\_\_\_  
Preparation for Diagnostic Tests: \_\_\_\_\_  
Specimens needed: \_\_\_\_\_  
Lab work to be drawn: \_\_\_\_\_  
IV Solution: \_\_\_\_\_  
    \_\_\_\_\_ gtts/min cc/hour \_\_\_\_\_  
Teaching/Learning needs: \_\_\_\_\_  
Miscellaneous: \_\_\_\_\_  
\_\_\_\_\_

DIAGNOSTIC TEST RESULTS:

Priority Nursing Problems (Complete nursing diagnoses according to NANDA format)

Revised 12/02