**NURSING ASSESSMENT DATA COLLECTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vital Signs** | **Assessment-Last**  | **Labs** | **Assess for Abnl./Relevant Labs** | **Data** |
| **Last Prior**T-P-R-BP-Sats**Dx/Radiology Tests** | ***RESP******CARDIAC******NEURO*** ***GI******GU******SKIN INTEGRITY******PAIN******MISC.*** | Recent**Circle RELEVANT*****Lytes-*** NaK+Mg+Ca+ ***CBC-***HgbHctPlat.***Hepatic***ALTAST***Renal*** Creat BUNGFR***Infection*** WBCNeutrophilUrine cxBlood cx***UA-***WBCRBCBacteriaNitratesLeuk. Es.***Cardiac.***BNPTroponin***Misc.***  | **Most recent** | State lab & needed nursing assessments to monitor for… | DietActivity/assistIV SiteIV FluidsCode Status |
| **Current Problem** | **Past Medical Hx** | **Allergies** | **Medications**  |
| **Medical Diagnosis****History Present Illness** |  |  |  |

 **YOUR PLAN OF CARE FOR THE SHIFT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **DAR NURSING NOTE** | **SBAR to Primary Nurse** |
| **T-****P-****R-****BP-****Sats** | ***RESP******CARDIAC******NEURO*** ***GI******GU******SKIN INTEGRITY******PAIN******MISC.*** |  |  |  |  |   | **SITUATION:**Dx**BACKGROUND:**Med hxCode StatusInterventions/responses**ASSESSMENT:**: Head to toe assessment-RELEVANT FINDINGS:Abnormal Labs:Lines/IV Fluids **RECOMMENDATIONS** |