



PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

## DOWNTIME PEDIATRIC NURSING ASSESSMENT

ermission to treat from:	Self ☐ Parent ☐ Guardian Present/By	Phone Unable to Contact	
Additional SubjectiveInfo	rmation:	NEURO:	
		awake / alert/playful verbal:oriented (appropriate)	Irritable / listless / lethargy unresponsive disoriented (inappropriate) screams, none
		eyes: PERRL, EOMI motor:	LR
GENERAL APPEARANCE:no acute distress alert	mild, moderate, severe distress anxious/decreased LOC	equal, strong sensation:	weak, flaccid
RESPIRATORY:		ant. fontanel:	decreased, absent
reg, full, symmetrical unlabored	rapid, shallow, irreg, stridor labored, absent, flaring, grunting, wheezing, retracting	PSYCH/ SOCIAL:	firm, depressed, bulging
BS: equal, full, clear	cough Y N course, rales, wheezing, decreased, absent	cooperative appropriate	anxious/ fearful/ flat defensive/ combative hallucinations/ delusions suicide/ homicide ideation  □ pt searched/ belongings removed
Skin:warm, dry	cool, clammy, diaphoretic		☐ SI - pt companion requested
turgor: good Ht Sounds:RRR, nl. S1, S2	Mottled, pale, flushed, cyanotic, jaundiced fair, poor irreg, murmur, other	FUNCTIONAL/ NUTRITION/ well nourished independent ADL	☐ HI - protective watch requested  AL ASSESSMENT: obese, malnourished bottle- or breast-fed
PULSES:strong / equal	tachycardia, bradycardia		assisted, total care Developmentally delayed
GI/GU:Abd: soft, flat, non-tendBowel Sounds: active	ler distended, firm, rigid, tender decreased, hyperactive, absent Nausea, vomiting, diarrhea	PAIN ASSESSMENT: no pain	pain level duration quality
# wet diapers	Last BM urgency, dysuria, frequency	NEEDS ASSESSMENT:  Do you use tobacco? y n	If "yes" to any: Are you interested in obtaining help to stop smoking/drinking, using drugs? □ yes □ no
no evidence of trauma moves all extremities we no tenderness	tenderness/swelling ell deformity, decreased ROM location	Does anyone in the home smoke? y n	☐ Resource provided
SKIN / INTEG:intact	rash: macular, papular vesicle, bullae lac: bleeding controlled		for domestic violence. Have you been hit,
	A. abrasion H. hematoma AV. avulsion L. laceration B. bum M. amputation D. deformity P. penetrating wound	other?ynsuspect	assaulted by a family member or significant social worker notified
M M	E. ecchymosis R. rash F. foreign body T. tenderness S. swelling	Immunizations up to date? □  Nurse Signature:	y∟n





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PRINT NAME	Initials		

## **OBSERVATION FLOW SHEET**

Time	BP	Р	R	Т	02%	Pain (0-10)	GCS		Nursing No	otes				
						, ,								
M EDICATIONS								Τ			FLUIDS			
Time Medication				D	Dose Route		RN Initials	Time	Solution	Rate	D/C Time	Total Infused	RN Initials	
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					+ +									
DISCHA	RGE I	INFORM	/A TIOI	N .						BI	ELONGING	S LIST		
Dischar		01 (1)			ing Barri	er_		□ Bra/u	nderpants	☐ Hat/belt	Slippe		SITION:	
□Admitte	ed to:		_	□Non	ie ident	tified Bracele			elet x	$\square$ Necklace x	□ Socks	s/shoes	it with/on pt	
☐Transfe Mode:	rred to:		_		-	Teaching Performed ☐ Cane			es cut-off	<ul><li>□ Pajamas</li><li>□ Pants</li></ul>	☐ Suitca	156	with patient v	with family
□ Ambulatory □ W / C				□ Coat/j			jacket	□ Purse	□Walke	ervalus	ables to	Mill Falling		
☐ Crutches ☐ Carried ☐ Stretcher ☐ Stroller					□ Dress □ Dento		□ Rings x □ Robe	□ Walle □ Watcl	h					
With:						□ Earrir □ Glass		☐ Shirt x ☐ Shorts	□ Wheelchair □ Diaper Bag		<u> </u>			
□Self □Family □Police □		□O2 □N / A □NG □N / A			Gown	041-			er:					
ייופספות	DISPOSITION:   HOME (AHR)   LWOBS (ATO)   LWOD (ATM)   AMA (AMA)   OUTPATIENT CLINIC (ARC)   JAIL (ATR)   NRSG HOME (ATE)													
TRANSFER							AB / $\square$ F		□ EXPIRED		MITTED TO		.41.00 1101	··· (/ \ / L )
Discharging RN: Time:														