

ASSESSMENT CHECKLIST

PATIENT:

INTRODUCTION

- Hand hygiene

Introduce self

VITAL SIGNS

- O2 sat
- Blood pressure

- Temperature

NEURO

- LOC (alert, lethargic, etc.)
- Orientation (self, place, time, etc.)
- PERLA

LAB/AC

- Labs (CBC, PT/INR, A. Fib, etc.)
- Pulses
- Edema

RESPIRATORY

- Lung sounds
- Supplemental O2
- Work of breathing

GI/URINARY

- Bowel sounds
- Last BM
- GU void method (toilet, bedpan, etc.)

SKIN

- Color (normal, pale, etc.)

PAIN

- Location

Nursing Assessment Checklist

Rn Assessment Guide

Mary McDonald



Rn Assessment Guide:

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