LC-SLT

PATIENT ASSESSMENT

MENTAL STATUS Appearance/behaviour: Floppy + slightly flushed.

Consciousness/awareness: Conscious.

COMMUNICATING: Speech activity: Perceptions:

Hearing: describe } No obvious problems. Hearing Aid? R. Ear / L. Ear ____ Worn? Yes / No ____

Eyesight: describe } Contact Lenses? / Spectacles? ____ Worn? Yes / No ____

PHYSICAL STATUS VITAL SIGNS: Temp. 38⁶ °C; Pulse /min. Regular / Irregular ____ ; Blood Pressure

BREATHING: Colour/difficulty: Slightly flushed. Respirations /min. Regular / Irregular ____

Cough/sputum: describe No cough.

NUTRITION: Weight: 9.14 Height: Condition of mouth/teeth: 12 teeth Moist tongue.

Diet: Ordinary. Appetite: Poor at present. Dislikes: Tends to be picky.

Discomforts assoc. with eating/drinking: Can / ~~cannot~~ feed self?

ELIMINATION: describe pattern/problems/dependence etc. Menstrual Cycle:

Bowels: Bowels last opened Mon, usually ~~daily~~ Aperient/other used?

Bladder: Urine smells strong today. Urinalysis: Glucose ++++ Protein ++++

REST/ACTIVITY: Sleep pattern: Sleeps all night. Sedation/other aids?

Mobility: describe limiting factors: Usually active, but floppy + tired today. "At risk" of falling? Yes / No ____

Personal Hygiene: dependent for? Dependent for all cares. ~~can~~ / cannot dress self?

Skin condition: describe Intact. Prosthesis/appliances?

SAFETY/SECURITY: Smokes Yes / No ____ "At risk" Yes / No ____ Type? Alcohol?

Pain: describe Helped by?

Other:

BELONGING/ESTEEM NEEDS: describe

Hobbies, interests, comforters:

DISCHARGE PLAN Date of discharge: To: Relatives informed? Yes / No ____

OPD. Appt: Yes / No Clinic: Date booked: Valuables returned? Yes / No ____ Book signed?

Prescription Card? Tablets to take home? Own tablets returned?

Community Services involved:

Signature of Nurse:

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