

**CRITICAL CARE NURSING
ASSESSMENT FORM**

ATTACH Patient I.D LABEL

Safety Check: Resus.bag Suction & correct setup Alarms & limits Bed rails
 U.P.S (vent/crrt/monitor) I.D band Review manual handling form

See Critical Care Flow Chart for Neurological Assessment & Sedation/Analgesia Infusions

Neurological

Mental Status: _____

GCS: Eye _____ Verbal _____ Motor _____ Pupils: L(mm) _____ R(mm) _____ Reaction L _____ R _____

Restraints: Upper extremities Lower extremities

Pain: Denies Present Unable to assess due to _____

Gag reflex: Present Absent

See Critical Care Flow Chart for Oxygen Therapy & Ventilator Settings

Airway: Maintains Own BiPAP /CPAP

ETT: Size : _____ Length at teeth/gums _____ cm Cuff pressure: _____ cm/H20

Tracheostomy: size: _____

Oral Mucosa: Intact Other*

Lip Condition: Intact Other*

Tracheal stoma: Describe: _____

Cough: Spontaneous Stimulated by suctioning

Strong Moderate Weak Absent

Respirations: Ventilated N.I.V Non-ventilated

Easy/Regular Deep Shallow

Laboured Intercostal use Other *

Chest Expansion: Symmetrical Asymmetrical

Paradoxical Tracheal tug

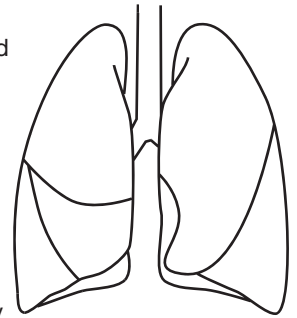
Trachea: Midline Deviated left Deviated right

* Other (description) _____

Breath
Sounds

- C Clear
- D Decreased
- W Wheezes
- FC Fine
Crep's
- X Coarse
Crep's
- A Absent
- B Bronchial

- I Inspiratory
- E Expiratory



Respiratory

Chest tube #1 to: _____

Suction _____ cm H2O Underwater seal only

Oscillation: Present Absent

Air Leak: Present Absent

Drainage: _____

S/C emphysema: Present Absent

Chest tube #2 to: _____

Suction _____ cm H2O Underwater seal only

Oscillation: Present Absent

Air Leak: Present Absent

Drainage: _____

S/C emphysema: Present Absent

See Critical Care Flow Chart for Vital Signs, Haemodynamics, and Neurovascular Assessment

Cardiovascular

ECG: Lead: _____ Rate: _____ PR: _____ QRS: _____ QT: _____ ST Segment: _____ T wave _____

Interpretation: _____

Skin (peripheral): Pink Pale Jaundiced Flushed Mottled Cyanotic Diaphoretic

Cold Cool Hot Warm Dry Moist

Oedema: Generalised Localised to: _____ (sacral, ankle etc)

Rhythm Strip/ Haemodynamic Wave Forms

ECG Strips

PASTE STRIP HERE

Gastrointestinal

See **Critical Care Flow Chart for Rate/Type of Enteral Feeding and TPN**

Abdomen: Soft Firm Flat Rounded
 Obese Distended Guarding Rebound Tenderness

Bowel Sounds: Absent Present
 Normal Increased Decreased

Diet: NBM CF FF Diet Diabetic Cardiac Tube feeds
 Special Consistency: _____ Other*

Feeding Tube: Type: _____ Insitu to: _____ (L/R nare, mouth etc.)
 Gastric Duodenal Jejunal

Insertion site: Intact Other* Placement verified by: _____
 Administering Feeds Clamped Aspirated q4h Straight drainage

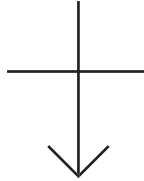
Description of aspirate: _____
 *Other (description) _____

Stool: Last BM: ____/____/____ Prior to admission
 Stool colour: _____ Stool characteristic: _____

Ostomy: Type: _____ Appearance of Stoma: _____

Abdominal Drain: Type: _____ Location: _____
 Drainage (describe): _____

+++ Incision
 X Drain
 /// Bruising
 > Stab Site
 O Ostomy



Genitourinary

See **Critical Care Flow Chart for Urine Output, Fluid Balance, & CRRT Monitoring**

Catheter: Type: _____ Size: _____ Urine (description) _____

Urethral/vaginal discharge: Describe: _____ Menstruating

Vascular Access

See **Critical Care Flow Chart for Drugs, Infusions, Concentrations, & Rates**

<p><input type="checkbox"/> CVC: # Lumens _____ Location: _____ Lumen's: <input type="checkbox"/> Patent <input type="checkbox"/> Heparin lock <input type="checkbox"/> Other* Flush Bag: <input type="checkbox"/> Normal saline <input type="checkbox"/> Pressurised and adequate fluid <input type="checkbox"/> Flushed and line transduced</p> <p>Site: <input type="checkbox"/> No redness/swelling <input type="checkbox"/> Other* Dressing: <input type="checkbox"/> D&I *(describe) _____</p> <p><input type="checkbox"/> PIV #1: Location: _____ Site: <input type="checkbox"/> No redness/swelling <input type="checkbox"/> Other* Dressing: <input type="checkbox"/> D&I *(describe) _____</p>	<p><input type="checkbox"/> Arterial Line/ PICCO: Location: _____</p> <p>Flush Bag: <input type="checkbox"/> Normal saline <input type="checkbox"/> Pressurised and adequate fluid <input type="checkbox"/> Flushed and line transduced</p> <p>Site: <input type="checkbox"/> No redness/swelling <input type="checkbox"/> Other* Dressing: <input type="checkbox"/> D&I *(describe) _____</p> <p><input type="checkbox"/> Other line Type: _____ Location: _____ Site: <input type="checkbox"/> No redness/swelling <input type="checkbox"/> Other* Dressing: <input type="checkbox"/> D&I *(describe) _____</p>
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Integument & Musculoskeletal

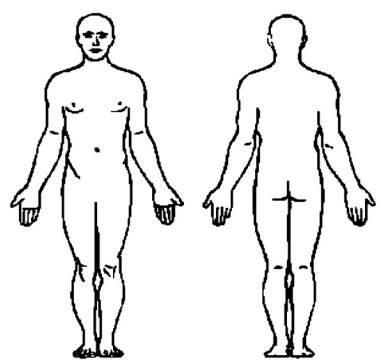
See **Critical Care Flow Chart for Position, Hygiene & activity**

Skin Condition (general) _____

Sacrum intact <input type="checkbox"/> marked <input type="checkbox"/> broken <input type="checkbox"/>	(L) (R) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Heels intact <input type="checkbox"/> marked <input type="checkbox"/> broken <input type="checkbox"/>	(L) (R) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elbows intact <input type="checkbox"/> marked <input type="checkbox"/> broken <input type="checkbox"/>	(L) (R) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Patient to be positioned 30 - 45 degrees head up unless contraindicated

Calf Compressor Device TEDS



Dressing , Drain X, Splint ///

Date: ____ / ____ / ____ Time: _____ Name: _____ Signature: _____