**Miami Dade College – School of Nursing**

**Fundamental of Nursing**

**Plan of Patient Care**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_

Client’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_ Admission Date: \_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_

Admitting Medical Diagnosis (es):

Surgical Procedure (s) (include date):

What brought you to the institution (Hospital, Home)

History of Present illness:

Client’s understanding of illness:

Past medical history:

What medications are you currently taking, when/why?

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| --- | --- | --- |
| Medication | Time | Why |
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Are your medications causing you any discomfort?

Medications (Topical, PO, IM, SQ, and IV):

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| --- | --- | --- | --- | --- | --- |
| Name/Dose  Route/Frequency | Safe/Range | Mechanism of Action | Indications | Side Effects | Nursing Considerations |
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Medications (Topical, PO, IM, SQ, and IV):

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| --- | --- | --- | --- | --- | --- |
| Name/Dose  Route/Frequency | Safe/Range | Mechanism of Action | Indications | Side Effects | Nursing Considerations |
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| **Chemistry** | **Normal Value** | **Client’s Value** | **Date** | **CBC** | **Normal Value** | **Client’s Value** | **Date** |
| Sodium |  |  |  | RBC |  |  |  |
| Potassium |  |  |  | HGB |  |  |  |
| Chloride |  |  |  | HTC |  |  |  |
| CO2 |  |  |  | MCH |  |  |  |
| Calcium |  |  |  | MCV |  |  |  |
| Phosphorus |  |  |  | MCHC |  |  |  |
| Cholesterol |  |  |  | WBC |  |  |  |
| Albumin |  |  |  | Neutrophils |  |  |  |
| T. Protein |  |  |  | Bands |  |  |  |
| Bun |  |  |  | Segments |  |  |  |
| Creatinine |  |  |  | Eosinophils |  |  |  |
| Magnesium |  |  |  | Basophiles |  |  |  |
| Uric Acid |  |  |  | Lymphocytes |  |  |  |
| Biliburin |  |  |  | Monocytes |  |  |  |
| **Lipid Profile** |  | | | Platelets |  |  |  |
| Amylase |  |  |  | **Coagulation** | | | |
| Lipase |  |  |  | Test(Norms) | Normal Value | Client’s Value | Date |
| LDH |  |  |  | Platelets # |  |  |  |
| HDL |  |  |  | PTT |  |  |  |
| LDL |  |  |  | PT |  |  |  |
| **Urinalysis** | | | | Bleeding Time: | |  |  |
| Color |  |  |  | INR |  |  |  |
| Turbidity |  |  |  | **Miscellaneous Test** | | | |
| SG |  |  |  | Test (Norms) | Normal Value | Client’s Value | Date |
| pH |  |  |  |  |  |  |  |
| Glucose |  |  |  |  |  |  |  |
| Ketone |  |  |  |  |  |  |  |
| Blood |  |  |  |  |  |  |  |
| Protein |  |  |  |  |  |  |  |
| Bilrubin |  |  |  |  |  |  |  |
| Urobilinogen |  |  |  |  |  |  |  |
| Nitrate |  |  |  | **Abnormal(s)** | | | |
| Leukocyte |  |  |  |  | | | |
| Cast |  |  |  |  | | | |
| RBC |  |  |  |  | | | |
| Crystals |  |  |  |  | | | |
| WBC |  |  |  |  | | | |
| Epithelial cell |  |  |  |  | | | |

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| Textbook | Client |
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**Nursing Diagnosis**

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List as many as possible:

**Miami Dade College**

**School of Nursing**

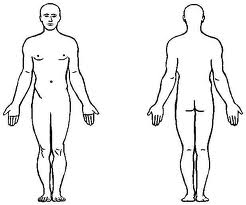
Fundamental of Nursing

Physical Assessment

Patient Initial: Student: Date: / /

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vital Signs** | | | | | | | |
| Pulse | Respiration | Temperature | B/P | B/P | SPO2 | Ht | Wt. |
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| --- | --- | --- |
| **Head –to-Toe Assessment** | | |
|  | General Appearance: | |
|  | Head & Hair | |
|  | Face | |
|  | Eyes | L |
| R |
|  | Ears | |
|  | Nose | |
|  | Lips/Mouth/Throat | |
|  | Neck | |
|  | Chest/Breast | |
|  | Lungs | |
|  | Heart | |
|  | Abdomen/kidney | |
|  | Genitalia (Internal Exam Deferred) | |
|  | Rectum (Internal Exam Deferred) | |
|  | Extremities | R |
| L |
|  | Back | |
|  | R.O.M. | |



Miami Dade College – Medical Center Campus- Department of Nursing

Generic Nursing Program

Nursing Diagnosis:

Supportive Data:

|  |
| --- |
| Subjective: |
| Objective: |

Goals:

|  |
| --- |
| Long Term: |
| Short Term: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Evaluation of Short Term Goal: | | | | |
| Date | Nursing Actions | Scientific Principle and/or Rationale | Evaluation | Modification of Plan of Care |
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| INTAKE AND OUTPOUT RECORD | | | | | | | | | | | | | |
| Family Name First Name | | | | | | Attending Physician Room No. | | | | | Hosp. No. | | |
| Date | INTAKE | | | | OUTPUT | | | | | OTHER | | |  |
| Time | Oral | I.V. | Blood |  | Urine | Tube | Emesis | Feces |  |  |  |  |  |
| 7-8 a.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8-9 a.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9-10 a.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10-11 a.m |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11-12 noon |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12-1 p.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1-2 p.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2-3 p.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8 Hour Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3-4 p.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4-5 p.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5-6 p.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6-7 p.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7-8 p.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8-9 p.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9-10 p.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10-11 p.m |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8 Hour Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11-12 a.m |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12-1 a.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1-2 a.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2-3 a.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3-4 a.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4-5 a.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5-6 a.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6-7 a.m. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8 Hour**  **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **24 Hour**  **Total** |  |  |  |  |  |  |  |  |  |  | | |  |
| TOTAL INTAKE | | | | TOTAL OUTPUT | | | | |