

NURSES' ADMISSION RECORD

(To be completed by the nurse admitting the patient/resident)

Admission Date: _____ Time: _____ AM PM Admitted From: _____

Admitting Diagnoses: _____

NKA Allergies: _____

VITAL SIGNS

Record temperature, pulse and respiration each shift for the first 48 hours. Temp Routes: O = Oral; R = Rectal; T = Tympanic

FIRST 24 HOURS

Date: _____	Time: _____	<input type="radio"/> AM	<input type="radio"/> PM	T	<input type="radio"/> O	<input type="radio"/> R	<input type="radio"/> T	P	AP	R	BP	<input type="radio"/> Lying	<input type="radio"/> Rt Arm
Date: _____	Time: _____	<input type="radio"/> AM	<input type="radio"/> PM	T	<input type="radio"/> O	<input type="radio"/> R	<input type="radio"/> T	P	AP	R	BP	<input type="radio"/> Sitting	<input type="radio"/> Lt Arm
Date: _____	Time: _____	<input type="radio"/> AM	<input type="radio"/> PM	T	<input type="radio"/> O	<input type="radio"/> R	<input type="radio"/> T	P	AP	R	BP	<input type="radio"/> Lying	<input type="radio"/> Rt Arm
Date: _____	Time: _____	<input type="radio"/> AM	<input type="radio"/> PM	T	<input type="radio"/> O	<input type="radio"/> R	<input type="radio"/> T	P	AP	R	BP	<input type="radio"/> Sitting	<input type="radio"/> Lt Arm

SECOND 24 HOURS

Date: _____	Time: _____	<input type="radio"/> AM	<input type="radio"/> PM	T	<input type="radio"/> O	<input type="radio"/> R	<input type="radio"/> T	P	AP	R	BP	<input type="radio"/> Lying	<input type="radio"/> Rt Arm
Date: _____	Time: _____	<input type="radio"/> AM	<input type="radio"/> PM	T	<input type="radio"/> O	<input type="radio"/> R	<input type="radio"/> T	P	AP	R	BP	<input type="radio"/> Sitting	<input type="radio"/> Lt Arm
Date: _____	Time: _____	<input type="radio"/> AM	<input type="radio"/> PM	T	<input type="radio"/> O	<input type="radio"/> R	<input type="radio"/> T	P	AP	R	BP	<input type="radio"/> Lying	<input type="radio"/> Rt Arm
Date: _____	Time: _____	<input type="radio"/> AM	<input type="radio"/> PM	T	<input type="radio"/> O	<input type="radio"/> R	<input type="radio"/> T	P	AP	R	BP	<input type="radio"/> Sitting	<input type="radio"/> Lt Arm

Current Weight: _____ Lb Kg Scale used: _____ Current Height: _____

PERRLA: No, specify: _____ Yes

CONDITION ON ADMISSION

Alert Forgetful Confused Comatose Other: _____

Ambulates self Assisted ambulation Chairbound Bedfast Feed self Requires help with feeding

Continent of bowel/bladder Incontinent of bowel/bladder Indwelling catheter Other: _____

Oral Status: Own teeth Full dentures Upper denture Lower denture

Vision: Glasses: Yes No Hearing: No problem Wears hearing aid(s): Bilateral Right Left

Speech: No problem Aphasic Other: _____

Overall Physical Appearance: _____

PAIN

Experiencing pain at present: No Yes, specify location _____

Resident's rating of pain: _____

Frequency of pain: Constant/almost constant
 Frequently Occasionally Rarely Unable to answer

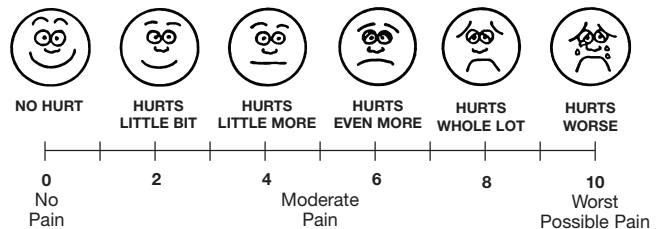
Describe: Aching Heavy Tender Splitting

Tiring Exhausting Throbbing Shooting

Stabbing Sharp Cramping Hot/burning

Tingling Other: _____

Wong-Baker FACES Pain Rating Scale



**From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

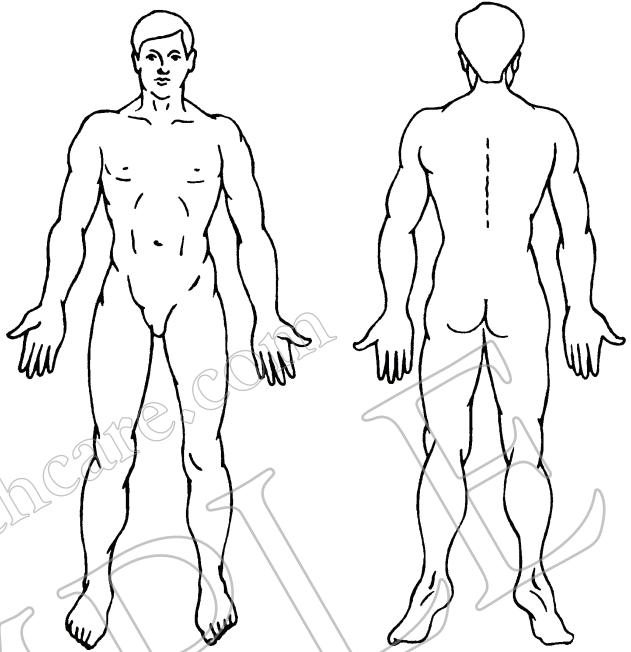
NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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NURSES' ADMISSION RECORD

SKIN STATUS

Record location and identify all body marks, such as old or recent scars, bruises or discolorations (regardless of how slight), lacerations, skin ulcers/injuries, wounds, other ulcerations, tattoos and markings considered other than normal:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____



General Skin Condition: Warm Dry Moist Scaly Reddened Oily Cyanotic Pale
 Other: _____

COMMENTS/NOTES

SIGNATURE/DATE

Nursing Admission Record Completed By: _____ Date: _____
Signature/Title

Nursing Admission Record Completed By: _____ Date: _____
Signature/Title

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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