

# NURSING ASSESSMENT SHEET

Health Services Department  
Lincoln Public Schools • Lincoln, Nebraska

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint: \_\_\_\_\_ Time: \_\_\_\_\_

## VITAL SIGNS

Time: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Temperature: \_\_\_\_\_

Respirations: \_\_\_\_\_  
☐ No Distress ☐ Short of Breath ☐ Labored ☐ Nasal Flaring ☐ Intercostal Retracting  
☐ Substernal Retracting

Breathing Pattern: ☐ Regular ☐ Irregular ☐ Cheyne-Stokes ☐ Apnea

## NURSING ASSESSMENT

**Level of Orientation** - to time, place, person

☐ Alert/Oriented ☐ Confused ☐ Stupor

### Eyes

Pupils-

☐ Normal  
☐ Constricted  
☐ Dilated

Reaction to Light-

☐ Reactive  
☐ Slow  
☐ Non-reactive

Sclera-

☐ Normal  
☐ Reddened

Nystagmus-

☐ Yes  
☐ No

### Skin

Color-

☐ Normal  
☐ Pale  
☐ Cyanotic  
☐ Jaundiced  
☐ Dusky  
☐ Mottled

Temperature-

☐ Warm  
☐ Cool  
☐ Diaphoretic  
☐ Dry

**Chest Pain** ☐

**Abdominal Pain** ☐

**Other Symptoms** ☐

**Other Observations** (vomiting, incontinent, tremors, etc.)

### History

Last meal: \_\_\_\_\_

Sleep: \_\_\_\_\_

Current Medical Treatment:

\_\_\_\_\_

Current Medications: \_\_\_\_\_

## IMPAIRMENT ASSESSMENT

**Reason for assessment:**

\_\_\_\_\_

**Referral Source:** \_\_\_\_\_

**Coordination** (walk in a straight line, finger to nose, touch toes)

☐ Normal ☐ Impaired

**Balance**

☐ Normal ☐ Unsteady

**Activity Level**

☐ Normal ☐ Flat  
☐ Hyperactive ☐ Restless  
☐ Irritable ☐ Slow  
☐ Belligerent ☐ Dazed

**Thought Process**

☐ Remains Focused ☐ Wandering  
☐ Paranoia ☐ Delusions  
☐ Hallucinations

**Speech**

☐ Normal ☐ Rambling  
☐ Slurred

**Physical Appearance**

☐ Neat ☐ Disheveled  
☐ Clean ☐ Unclean

**Odor**

☐ Breath ☐ Body

**Plan:**

Notes: