

# Nursing Process

**/1 History:**

Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Legal Status \_\_\_\_\_ Admit Date \_\_\_\_\_

Events leading to Hospitalization:

**DSM Dx:**

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

**/2 Psychotropic and anti-EPs Medications that client is currently taking**

**Sx of disease that bother client:**

<b>Sx of disease that bother client:</b>				
<b>Name/Dose</b>	<b>Receptor sites affected and how</b>	<b>Desired Effects-use words client accepts</b>	<b>Unwanted effects for which to assess</b>	<b>Observations noted <i>today</i> indicating med effects</b>
Trade Generic Dose Date ordered				Objective  Subjective
Trade Generic Dose Date ordered				Objective  Subjective
Trade Generic Dose Date ordered				Objective  Subjective
Trade Generic Dose Date ordered				Objective  Subjective
Trade Generic Dose Date ordered				Objective  Subjective

\_\_\_/5 Itemized Mental Status Examination (identifies at least 5 abnormal behaviors)

Category	Sub-category	Observed behavior	NA	Yes	No
APPEARANCE		1. Unkempt, unclean, disheveled			
		2. Clothing/grooming atypical			
		3. Unusual physical characteristics			
BEHAVIOR	Posture	4. Slumped			
		5. Rigid/Tense			
	Facial Expression Suggests	6. Anxiety, fear, apprehension			
		7. Depression, sadness			
		8. Anger, Hostility			
	General Body Movements	9. Absence of feeling, blandness			
		10. Atypical, unusual			
		11. Accelerated, Increased speed			
		12. Decreased, slowed			
	Speech	13. Atypical, unusual			
		14. Restless, fidgetiness			
		15. Rapid speech			
		16. Slowed speech			
		17. Loud speech			
	Doctor Patient Relationship	18. Soft speech			
19. Mute					
20. Atypical quality: Slurred/Stammer					
21. Domineering, Controlling					
22. Submissive, dependent					
23. Hostile, challenging					
24. Suspicious, guarded, evasive At start					
25. Uncooperative					
FEELING (AFFECT AND MOOD)		26. Inappropriate			
		27. Labile			
		28. Flat			
		29. Elevated			
		30. Hostile			
		31. Apprehension			
PERCEPTIONS		32. Sad			
		33. Hallucinations			
Thinking	Intellectual Functioning	34. Impaired LOC			
		35. Impaired attention span			
		36. Impaired abstract ability			
		37. Impaired calculation ability			
	Orientation	38. Impaired intelligence			
		39. Disoriented to time			
		40. Disoriented to place			
	Memory	41. Disoriented to person			
		42. Impaired recent memory			
	Insight	43. Impaired remote memory			
		44. Blames others/circumstances for problems			
	Judgment	45. Denies problems			
		46. Impaired ability to make routine decisions			
	Thought Content	47. Impaired impulse control			
48. Obsessions/Compulsions					
49. Phobias					
50. Depersonalization					
51. Suicidal Ideation					
Stream of thought	52. Homicidal Ideation				
	53. Delusions				
	54. Associative Disturbances				

## LOVE AND BELONGING

### Interpersonal

\_\_\_ / .1 **Star** at least two strengths

\_\_\_ / .2 **Subjective:** *Comments made re: significant others, relationships?*  
*To whom does client talk when upset?*

\_\_\_ / .3 **Objective:**

- 1) *Observed Interactions or **lack of interactions** with a) staff b) SN c) **other clients**?*
- 2) *Eye contact 3) Social skills 4) Style (passive/aggressive/assertive)*

### Group Identification

\_\_\_ / .1 **Subjective:** *Group with which client feels most identified.*

\_\_\_ / .1 **Objective:** *Observed cultural practices, health beliefs*

### Spiritual

\_\_\_ / .1 **Subjective:** *Values or beliefs impacting health, conflicting values*

\_\_\_ / .1 **Objective:** *Observed religious practices*

## SELF ESTEEM

### Body Image

\_\_\_ / .1 **Subjective:** *Statements about body, health, illness ...*

\_\_\_ / .1 **Objective:** *Posture, Appearance (dress, grooming, hygiene)*

### Self Image

\_\_\_ / .1 **Subjective:** *Statements about self*

\_\_\_ / .1 **Objective:** *Ability to achieve goals*

### Ability to Adapt and Cope with Stress

#### Subjective:

\_\_\_ / .1 **Stressors:** *Client comments about current concerns?*

\_\_\_ / .1 **Coping:** *What client says he/she does about these problems?*

#### Objective:

\_\_\_ / .1 **Acute Stressors?** *Factors preceding ↑ anxiety, (behaviors noted below)*

\_\_\_ / .1 **Observed Coping:**

- 1) *What you see the client doing **today** to decrease anxiety.*
- 2) *How is this **different** from what client says?*

\_\_\_\_ / **.1 Chronic stressors** 1)How disease & meds affect thinking & behavior  
2)lack of resources 3) etc

\_\_\_\_ / **.1 Historical Coping methods:** Include both positive (Ex:Takes meds) and negative (Ex:Denial) both from the chart and past observations.

## SUCCESS IN ROLES

\_\_\_\_ / **.2 Subjective:** Roles (family, occupational, community)  
Self expectations related to role performance

\_\_\_\_ / **.2 Objective:** Developmental Stage (Erickson)  
Behaviors indicating success or failure in developmental stage

\_\_\_\_ / **.5 Nursing Diagnosis:** NANDA Diagnosis including:  
Problem (.1), Etiology accessible to nursing intervention (.1), Three symptoms  
(from assessment above) that document problem (.3)

\_\_\_\_ / **.3 Outcome:**  
States a change in Nursing Diagnosis / symptoms (.1), Achievable on day of care  
(.1), Specific enough that outcome met could be answered 'Yes' or 'No' (.1)

\_\_\_\_ / **.6 Interventions:** Appropriate to outcome, Specific enough that anyone could repeat

- 1.
- 2.
- 3.

## Evaluation:

\_\_\_\_ / **.1** Outcome met/not met

\_\_\_\_ / **.3** Behaviors that document above decision

\_\_\_\_ / **.3** How did client respond to each intervention? If not used, explain why.

- 1.
- 2.
- 3.