Student Name:_____
Date of Assessment:_____

Mott Community College
Division of Health Sciences - Nursing
Pediatric Assessment

Patient Initials: _____Room Number:_____DOB/age:_____Gender:_____
Date/Time of Admission:_____Present problem/reason for admission:_____
_____
Previous hospitalizations/surgeries (List, include date)_____
_____
_____

Temperature	Apical Pulse	RR	BP	Height in cm	Weight in kg	Head Circumference
Site			Site			

*Attach growth charts with percentiles

Past medical history:

□ No known problems
□ Cystic fibrosis
□ Heart disease
□ Heart murmur
□ Seizures/Epilepsy
□ Frequent colds
□ Born premature
____ # weeks
□ Head Injury
□ Physically impaired
□ Learning disability
□ Apnea
□ Cancer
□ Bed wetting
□ Mentally impaired
□ Trauma
□ Recent head lice
□ Asthma
□ Diabetes
□ Hearing impaired
□ Speech impaired
□ Vision impaired
□ Sickle Cell
□ Myringotomy tubes □ Rt □ Lt
□ Other_____

Family history: (Example: Maternal grandfather – colon cancer)_____
_____
_____

Allergies	Yes	No	Reaction
Medication (list)			
Food			
Dyes/Contrast media			
Tape			
Latex			
Other (describe)			

Immunizations up to date: □ Yes □ No
Recent exposure to contagious disease: □ Yes □ No Specify:_____

Code Status:_____Advance Directive:_____

Nutrition

□ Regular Diet □ Special diet, Describe:_____ % Eaten per meal_____ 8 hr. Intake_____

□ Formula: Brand_____ Amount_____ Frequency_____

□ Breast fed: Frequency_____ Supplement with formula □ No □ Yes

□ Milk: Type_____ Amount_____ Frequency_____

□ Baby food: Type_____ Schedule_____

□ Tube feeding: □ NG □ Gastrostomy □ Other Type of tube feeding: _____ Amt/Schedule: _____

Recent changes in weight, appetite, or thirst □ No □ Yes Explain: _____

Nausea: □ No □ Yes Vomiting: □ No □ Yes Explain: _____

Chewing/Swallowing: Intact □ Dysphagia □ # Teeth present:_____

IV solution/Rate:_____ IV site (s)_____

Additional Tests/Information:_____

_____

_____

Integumentary

Skin color: □ Ethnic normal □ Pale □ Jaundiced □ Cyanosis □ Erythema Describe:_____

Turgor: □ Elastic □ Tenting □ Taut Moisture: □ Dry □ Moist □ Clammy □ Diaphoretic Site: _____

Temperature: □ Warm □ Cool/cold Site:_____

Mucous membranes: □ Pink □ Moist □ Dry □ Intact □ Lesions, Describe:_____

Hair: □ Thick □ Thin □ Evenly distributed □ Clean Color:_____

□ Hair loss □ Fine □ Coarse □ Dry □ Oily □ Parasites

Nails: □ Convex □ Smooth □ Pink □ Clubbing □ Other, Describe:_____

Wounds/ Lesions/Rash: □ No □ Yes Describe: _____

_____

Drainage: □ No □ Yes Describe:_____

Scars: □ No □ Yes Describe:_____

Additional Tests/Information:_____

_____

_____

Head/Neck

Head: □ Normocephalic □ Symmetrical □ Asymmetrical, describe:_____

Eyes: □ Symmetrical □ Asymmetrical □ Vision intact □ Visual disturbance, describe:_____

□ Pain □ Drainage □ Edema □ Diplopia □ Strabismus □ Lesions Describe:_____

Ears: □ Symmetrical □ Asymmetrical □ Hearing intact □ Hearing disturbance, describe:_____

□ Pain □ Drainage □ Edema □ Tinnitus □ Tympanostomy tubes □ Lesions, Describe:_____

Oral: □ Pink □ Moist □ Dry □ Intact □ Lesions Describe:_____

□ Tongue midline □ Teeth present □ Dental caries

Nose: □ Patent □ Midline □ Smell intact □ Smelling disturbance, Describe:_____

□ Pain □ Drainage □ Masses □ Lesions Describe:_____

Throat: □ Trachea midline □ Masses □ Lesions □ Palpable lymph nodes Describe:_____

Additional Test/ Information:_____

_____

_____

Respiratory

Chest excursion: □ Symmetrical □ Asymmetrical Rhythm: □ Regular □ Irregular

Breath sounds: □ Equal □ Clear Location: □ All lobes □ RUL □ RML □ RLL □ LUL □ LLL

□ Crackles, Location: _____ □ Wheezing, Location: _____ □ Rhonchi, Location: _____

□ Diminished, location: _____ □ Absent, Location: _____ □ Stridor

Accessory muscle use: □ No □ Yes Location: _____

Retractions: □ None □ Mild □ Moderate □ Severe □ Subcostal □ Intercostal □ Substernal □ Suprasternal

Nasal flaring: □ No □ Yes Grunting: □ No □ Yes

Cough: □ No □ Yes □ Non-productive □ Productive Describe sputum: _____

Nasal discharge: □ No □ Yes Describe: _____

Oxygen: □ Room air □ Oxygen, Liters: _____ Device: _____ □ Apnea monitor □ Artificial airway

□ BIPAP/ CPAP, settings: _____ □ Ventilator, settings: _____

Chest drainage system: □ No □ Yes Type: _____ □ Rt □ Lt Drainage: _____

Additional Tests/Information: _____

_____

_____

Cardiovascular

Apical pulse: _____ □ Regular □ Irregular □ S1 & S2 present Abnormal Sounds: □ No □ Murmur □ Click □ S3/S4

Radial pulses:

Rt: □ Present □ Absent □ Weak □ Strong □ Bounding Lt: □ Present □ Absent □ Weak □ Strong □ Bounding

Pedal pulses:

Rt: □ Present □ Absent □ Weak □ Strong □ Bounding Lt: □ Present □ Absent □ Weak □ Strong □ Bounding

Color: □ Ethnic normal □ Pale □ Gray □ Cyanotic □ Mottled □ Other, describe: _____

Capillary refill: □ Brisk □ Prolonged: _____ seconds Location: _____

Edema: □ No □ Yes Location: _____

Extremities Temperature: □ Warm □ Cool/cold □ Clammy □ Diaphoretic Site: _____

JVD: □ No □ Yes

Additional Tests/Information: _____

_____

_____

Bowel

Abdomen: □ Soft □ Hard □ Tender □ Distended □ Symmetrical □ Visible peristalsis

Bowel sounds: □ Active Location: □ All quadrants □ RUQ □ RLQ □ LUQ □ LLQ

□ Hypoactive, Location: _____ □ Hyperactive, Location: _____ □ Absent, Location: _____

□ Continent □ Incontinent Last BM: _____ Describe: _____

□ Diarrhea, #/day _____ □ Constipation □ Ostomy, Type: _____

Tube: □ No □ Yes, Type: _____ Drainage: _____

Additional Tests/Information: _____

_____

_____

Urinary

□ Continent/potty-trained □ Incontinent/Diapers □ Diaper/pull-ups at night only □ Bed-wetting

□ Frequency □ Hematuria □ Burning □ Urgency □ Itching

□ Catheter, Type:_____ □ Ostomy, Type: _____

8 hr Output_____ Color:_____Clarity:_____Odor:_____

Additional Tests/Information:_____

_____

_____

Neurologic

Alert: □ No □ Yes Oriented: □ Person □ Place □ Time □ Situation □ UTA, infant GCS score:_____

□ Sleepy □ Confused □ Irritable □ Listless □ Unresponsive □ Seizures, describe: _____

Speech: □ Clear for age □ Coos/babbles □ Infant □ Slurred □ Aphasic □ Other

Right pupil: Size_____ □ Reactive □ Non-reactive □ Sluggish □ Eye closed by swelling

Left pupil: Size_____ □ Reactive □ Non-reactive □ Sluggish □ Eye closed by swelling

Glasses: □ No □ Yes Contacts: □ No □ Yes

Anterior Fontanel: □ Soft/flat □ Bulging □ Depressed □ Closed Posterior Fontanel: □ Soft/flat □ Bulging □ Depressed □ Closed

Infant reflexes: □ N/A Suck □ No □ Yes □ Strong □ Weak Grasp □ No □ Yes □ Strong □ Weak

□ Other, Describe:_____

Problems: Vision □ No □ Yes Hearing □ No □ Yes Describe:_____

□ Seizures □ Dizziness □ Syncope □ Numbness/tingling □ Memory deficit

□ Other, Describe: _____

Pain: □ No □ Yes Location:_____

Quality: □ UTA □ Aching □ Burning □ Cramping □ Dull □ Gnawing □ Pressure □ Sharp □ Throb □ Tingle

Intensity:_____Scale Used: □ 0-10 □ Faces □ FLACC

Nonverbal pain indicators:_____

When did pain begin?_____What makes it better?_____What makes it worse?_____

Additional Tests/ Information:_____

_____

_____

Musculoskeletal

Spontaneous movement □ No □ Yes Obeys commands □ No □ Yes Coordinated □ No □ Yes Crawls □ No □ Yes

Erect posture □ No □ Yes Intact balance □ No □ Yes Ambulates □ No □ Yes Steady gait □ No □ Yes

Describe abnormalities: _____

_____

ROM: □ Active □ Passive □ Full □ Limited Location:_____

Muscle tone: □ Normal, firm □ Abnormal, describe:_____

Hand grasps: □ Equal □ Strong □ Weakness, location: _____

Joints: □ Swelling □ Masses □ Warmth □ Erythema □ Deformities Describe:_____

Motor strength: Right arm_____Left arm _____Right leg_____Left leg _____

Additional Tests/Information:_____

_____

_____

Reproductive

Age: _____

□ Male: Circumcised □ No □ Yes Lumps/Tenderness/Discharge □ No □ Yes TSE □ No □ Yes

□ Female: Breast development □ No □ Yes Lumps/Tenderness/Discharge □ No □ Yes BSE □ No □ Yes

Last menstrual period:_____ Menstrual problems: □ No □ Yes Describe: _____

Pubertal changes □ No □ Yes Describe: _____

Sexually active □ No □ Yes Using birth control □ No □ Yes History of STD □ No □ Yes

Reproductive problems □ No □ Yes Describe: _____

Additional Tests/ Information:_____

_____

_____

Rest/Sleep

Usual bedtime: _____Usual # hours slept:_____

□ Bed □ Crib □ Sleeps alone □ Sleeps with parent □ Sleeps with sibling

Naps: □ No □ Yes Describe:_____

□ Bedtime rituals Describe:_____

□ Sleep problems Describe:_____

Additional Tests/Information:_____

_____

_____

Psychosocial

Caregiver: □ Present □ Absent Name and relationship with child:_____

Parents: □ Mother □ Father Marital status:_____

Siblings: □ No □ Yes List gender/age:_____

Family type: □ Nuclear □ Blended/step □ Single parent □ Same sex □ Other, describe: _____

Visitors during hospitalization: □ No □ Yes Describe:_____

Home environment: Lives with:_____Recent change: □ No □ Yes Describe:_____

School: □ Attends □ Does not attend □ Home-schooled Grade:_____

Daycare/Afterschool care: □ Attends □ Does not attend

Language: □ English □ Other, list:_____□ Able to read □ Able to write □ N/A - infant

Religious Affiliation: □ No □ Yes Describe:_____

Play/Leisure activities: □ No □ Yes Describe:_____

Drug/alcohol use: □ No □ Yes Describe:_____

Safety issues: □ No □ Yes Describe:_____

Signs of Abuse: □ No □ Yes Describe:_____

Coping: □ Effective □ Impaired Describe:_____

Additional Tests/Information:_____

_____

_____

Developmental Stages

Erikson	□ Trust vs. Mistrust	Piaget	□ Sensorimotor	Freud	□ Oral
	□ Autonomy vs. Shame/Doubt		□ Preoperational		□ Anal
	□ Initiative vs. Guilt		□ Concrete operations		□ Phallic
	□ Industry vs. Inferiority		□ Formal operations		□ Latent
	□ Identity vs. Role Confusion				□ Genital

Describe how the child meets the stages above.

Current Medications

Drug, Dose, Route, & Frequency	Purpose

Current Laboratory Results

Date	Lab	Normal Value	Patient Value
	WBC		
	RBC		
	HGB		
	HCT		
	PLAT		
	K		
	Na		
	Cl		
	CO2		
	BUN		
	Cr		
	Glucose		
	PT		
	PTT		
	INR		

List 3 priority Nursing Diagnoses with etiology for this child.

1. _____

2. _____

3. _____