UNIVERSITY MEDICAL CENTER

ADMISSION NURSING ASSESSMENT (SHORT-STAY FORM)

DATE:		TIME	•	AGE:	WEIGHT:
TEMP:		PULSE:	RESP:	BP:	APICAL:
ADMISS	SION DIAG	SNOSIS:			
SECON	DARY DIA	GNOSIS:			
ALLERO	GIES:				
DIET:			SPECIAL DI	ETARY NEEDS:	
CURRE	NT MEDS	•			
SPECIA	L NURSI	NG CONSIDERATIONS:	ADVANCE DIR	ECTIVE Yes No -	Copy on Chart
Hearing Deficit:				Language Barrier:	
Visual Deficit:				Mental Confusion:	
Weakness, Paralysis:				Bracelet Checked:	
	Amputee:				
DATE	TIME	PROCEDURE/EVENT		NURSES' PROGI	RESS NOTES
DATE	TIME	PROCEDOREZEVENT		Nonses Phodi	AESS NOTES
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: UNIVERSITŸ MEDICAL CENTER

SHORT STAY FORM

CHIEF COMPLAINT:	OTHER:	
HISTORY:	IMPRESSION:	
	Signature	
		M.D.
	DATE OF SURGERY/PROCEDURE:	
	OPERATION/PROCEDURE:	
CURRENT MEDICATIONS:	Surgeon:	
	Anesthesiologist:	M.D.
ALLERGIES:	COMPLICATIONS:	-
PHYSICAL EXAMINATION:		-
Temp: B.P.: RESP: P:	POSTOPERATIVE CONDITION:	
General:		
EENT:	PROGRESS/DISCHARGE NOTES:	
Breasts:		
Respiratory:		
Cardiovascular:		
Abdomen:		
Neurological:	Signature:	4.D.
Extremities:	Date:	