

Your  
Hospital's  
Logo  
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# IN & OUT SURGERY ADMISSION ASSESSMENT

## PATIENT IDENTIFICATION

DATE:	TIME: (Military Time)	<b>VITAL SIGNS</b>				
HEIGHT:	WEIGHT:	T:	P:	R:	BP:	OXYGEN SAT:
		FEMALE PATIENTS ONLY				
		DATE OF LNMP:				

MODE OF ARRIVAL:  AMBULATORY  WHEELCHAIR  OTHER: \_\_\_\_\_

PATIENT IDENTIFICATION:  ARM BAND ON  MATCHES CHART #  VERIFIED WITH PATIENT

PHYSICAL / COMMUNICATION / MENTAL LIMITATIONS: \_\_\_\_\_

PATIENT "BILL OF RIGHTS":  YES  NO (If "NO", explain) \_\_\_\_\_

PATIENT "RIGHTS & RESPONSIBILITY FOR PAIN MGT":  YES  NO (If "NO", explain) \_\_\_\_\_

PATIENT'S "NOTICE OF PRIVACY":  YES  NO (If "NO", explain) \_\_\_\_\_

DUE TO THE INCREASE IN DOMESTIC VIOLENCE, WE ASK ALL ADULT PATIENTS, "Are you being hurt, hit or frightened by anyone in your life?"  YES (If "YES", explain)  NO  Patient Unable to Communicate

WOULD YOU LIKE ASSISTANCE IN DEALING WITH THIS PROBLEM?:  YES (If "YES", contact Social Services)  NO

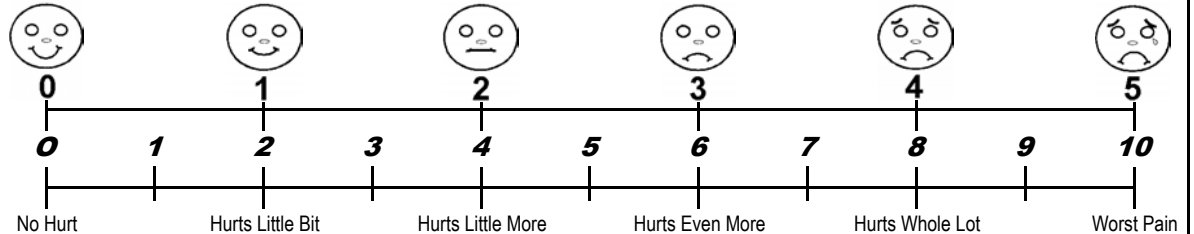
DESCRIBE TYPE, QUALITY & LOCATION OF ANY PAIN YOU ARE EXPERIENCING: \_\_\_\_\_

### PAIN SCALES:

**WONG - BAKER:**  
(Faces)

**0-10 VISUAL:**  
(Numerical)

**VERBAL:**



WONG-BAKER FACES PAIN SCALE from Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Ahmann E, DiVito-Thomas PA, Whaley & Wong: Nursing Care of Infants & Children, 6th ed, St. Louis, MO: Mosby-Year Book Inc., 1999; 1153. Copyrighted by Mosby-Year Book, Inc. Reprinted with Permission.

### NON-COGNITIVE: (FLACC Score)

[1] Sum FACE, LEGS, ACTIVITY, CRY & CONSOLABILITY Scores to calculate FLACC Score.

[2] Record FLACC Score using 0-10 NUMERIC Scale above.

FACE	LEGS	ACTIVITY	CRY	CONSOLABILITY
0 = No particular expression or smile	0 = Normal position, relaxed	0 = Lying quietly, normal position, moves easily	0 = No crying (awake or asleep)	0 = Content, relaxed
1 = Sporadic grimace / frown, withdrawn, disinterested	1 = Uneasy, restless, tense	1 = Squirming, shifting back and forth, tense	1 = Moans or whimpers, occasional complaint	1 = Reassured by sporadic hugging, touching or talking to, distractable
2 = Frequent / constant frown, clenched jaw, quivering chin	2 = Kicking, or legs drawn up	2 = Arched, rigid or jerking	2 = Crying steadily, screams or sobs, frequent complaints	2 = Difficult to console or comfort

WHO IS DRIVING YOU HOME? \_\_\_\_\_ PHONE NUMBER? \_\_\_\_\_

WHAT PROCEDURE ARE YOU HAVING? \_\_\_\_\_ WHEN DID YOU LAST EAT / DRINK? \_\_\_\_\_

LIST ALL OPERATIONS	HOSPITALIZATIONS	LIST ALL MEDICAL PROBLEMS

INNOCULATIONS:  PPD Date \_\_\_\_\_  Tetanus Date \_\_\_\_\_  Flu Date \_\_\_\_\_  Pneumonia Date \_\_\_\_\_  Childhood Innoculations List \_\_\_\_\_

LIST ALLERGIES (include Latex / Environmental)	ROUTINE MEDICATIONS / DOSE / SCHEDULE (include Herbal / Holistic)	LAST DOSE

TOBACCO USE: \_\_\_\_\_ ALCOHOL USE: \_\_\_\_\_ OTHER DRUGS (specify) \_\_\_\_\_

DENTURES / PROSTHESIS: \_\_\_\_\_  VALUABLES SHEET COMPLETED

**PRE OPERATIVE PLAN OF CARE**

NURSING DIAGNOSIS	EXPECTED OUTCOME	NURSING ORDERS
1. Potential for anxiety related to surgery. 2. Potential for injury related to out-patient surgery. 3. Age specific needs: a. 5 - 11 Years (school aged) b. 12 - 18 Years (adolescent)	1. Patient will be able to manage anxiety. 2. Patient will be free of injury related to surgical experience. 3. Patient communication demonstrates a basic understanding of the Perioperative process.	<input type="checkbox"/> Standard of Care for Anxiety implemented. <input type="checkbox"/> Standard of Care for Patient Safety implemented. <input type="checkbox"/> Standard of Care for Age-Specific Competency implemented.

EVALUATION: Patient Outcomes were achieved without difficulty?  YES  NO

**INDIVIDUAL PLAN OF CARE**

No additional needs were identified for this patient?  YES (if "YES", specify below)  NO

NURSING DIAGNOSIS	EXPECTED OUTCOME	NURSING ORDERS

Pre-Operative Teaching Protocol Implemented?  YES  NO

**Pre-Operative Check was done on chart for pre-testing results:**

*A check mark indicates item on chart*

- |  |                                     |  |  |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Pre - testing N/A: local or Endoscopic Case | <input type="checkbox"/> CBC        | <input type="checkbox"/> Lytes                         | <input type="checkbox"/> Type & Screen |
| <input type="checkbox"/> PHYSICIANS ORDERS sheet reviewed            | <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Basic Metabolic Panel         | <input type="checkbox"/> CXR           |
| <input type="checkbox"/> History and Physical on Chart               | <input type="checkbox"/> PT / PTT   | <input type="checkbox"/> Comprehensive Metabolic Panel | <input type="checkbox"/> EKG           |
|  |                                     |  | <input type="checkbox"/> Other _____   |

List below any stat testing that was done:

_____ Military Time _____	Results: _____
_____ Military Time _____	Results: _____

IV:	TIME: (Military Time)	NEEDLE:	RATE:	SITE:
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**Pre-Operative Medication:**

- |   |           |             |                            |
|---|-----------|-------------|----------------------------|
| <input type="checkbox"/> Operative Consent signed?                      | _____ YES | _____ NO ** | ** If "NO", explain below: |
| <input type="checkbox"/> Operative site verified w/ Patient and marked? | _____ YES | _____ NO ** |                            |

**COMMENTS:**

NURSE'S SIGNATURE / TITLE:	DATE:	TIME: (Military Time)
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