

## UNIVERSITY OF SANTO TOMAS COLLEGE OF NURSING



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## Student's Review of System Assessment Guide

Directions: Please fill out the form by answering or placing checkmark ( $\sqrt{}$ ) on the item that corresponds to your answer to the given statement. Please use the comment section for additional information not found in the checklist. If unable to assess, indicate reason in the comment section.

Patient's Name (Initials):	Date:	Unit/Ward: Age:
Chief Complaint:	Diagnosis:	:Gender:FemaleMale
	8	
Vital signs:		Respiratory:
BP:() Lying () Sitting () Standing () RUE* () LUE* () LLE	*()RLE*	☐ Within Normal Limits / No problems noted
Rested? ( ) Yes ( ) No		Rhythm / effort: ( ) irregular ( ) shallow ( ) deep ( ) retractions
PR:() Apical () RUE* () LUE* () LLE*		Chest shape: ( ) barrel ( ) pigeon ( )funnel / sunken
RR: Temp: ( ) Oral ( ) Axillary ( ) Tympanic		Expansion: ( ) asymmetrical
Pain: Rate? At rest With activity		Lung sounds: ( )crackles: ( ) fine ( ) coarse LOCATION
( ) Numeric scale ( ) Other scale; specify Pain Onset?		( ) wheeze: ( ) inhalation ( ) exhalation LOCATION
Quality? Location? Radiates? ( ) Yes; where? ( ) No		( ) rhonchi : LOCATION ( ) absent: LOCATION
		( ) diminished: LOCATION ( ) absent: LOCATION
What aggravates?		Cough: ( ) Yes ( ) No ( ) Non productive/ Dry ( ) Productive
What relieves?	_	Sputum: Color Amt Consistency Able to expectorate sputum?: ( ) Yes ( ) No
On pain medications? ( ) Yes ( ) No; Specify		
Comments:		Suctioning? ( ) oral ( ) trach ( ) ET ( ) nasopharyhngeal  Specify usual time of occurrence of coughing:  Nasal Discharge? ( ) Yes ( ) No; Color Amt
		Specify usual time of occurrence of coughing:
		Nasal Discharge? ( ) Yes ( ) No; Color Amt
		( ) Thick consistency ( ) Thin consistency
		( ) O2 inhalation: ( ) NC ( ) mask ( ) others; specify
		RegulationL/min; O2 Humidifier in use? ( ) Yes ( ) No
		Comments:
Desitionium.		
Positioning:	4	
( ) sitting ( ) supine ( ) prone ( ) side-lying; location ; HOB: c	degree	Candiayaaaylan
Comments .		Cardiovascular:  Within Normal Limits / No problems noted
		Heart: rhythm / quality: ( ) irregular ( ) regularly irregular ( ) irregularly irregular
		( ) weak / thready ( ) bounding
		( ) Murmurs: LOCATION
Psychosocial:		Neck/ jugular vein distention? ( ) Yes ( ) No
Mood: ( ) Pleasant ( ) Sad ( ) Flat/ Indifferent		Peripheral Pulses: ( ) absent ( ) unequal ( ) weak: LOCATION
( ) Anxious ( ) Calm ( ) Cooperates with Care		Capillary Refill: ( ) fingernail ( ) toenail ( ) delayed :more than 3secs (site):
( ) Fearful thoughts ( ) Irritability		Peripheral Vascular (legs): ( ) pallor ( )increased warmth ( )ulcers ( ) redness
Comments:		( ) increased coolness ( )RLE* ( )LLE*
		Edema: ( ) non-pitting: location ( ) pitting: ( ) 1+ ( )2+ ( ) 3+ ( )4+ ; Location
		( ) Peripheral IV line: ( ) Central IV line LocationType
		Gauge #Date inserted Date IV tubing last changed
		Presence of s/s of: ( ) infiltration ( ) inflammation ( ) infection
		Comments :
Neurology:		
☐ Within Normal Limits / No problems noted		
LOC: ( )Alert ( ) Lethargic ( ) Comatose GCS Total= ( E=, V=	, M=)	
Orientation: ( ) Person ( ) Place ( ) Time ( ) Reasoning		Gastrointestinal:
Pupils: ( ) reactive ( ) non-reactive ( ) brisk ( ) sluggish ( ) R* ( ) L*	( ) Bilateral	☐ Within Normal Limits / No problems noted
Pupillary size: ( )pinpoint ( ) dilated size: mm ( ) R* ( )L* ( )	Bilateral	Abdomen contour: ( ) round ( ) flat ( )protuberant / overly distended ( )scaphoid/ sunken
Aphasia: ( ) receptive ( ) expressive ( ) both / global		Bowel sounds X 4 quadrants: ( ) hypoactive ( ) hyperactive ( ) absent LOCATION
Coherence of thought process? ( ) Yes ( ) No		( ) ABD tenderness: LOCATION ( ) ABD rigidity: LOCATION
Extremity weakness: () RUE* ()LUE* ()LLE* ()RLE*		Bowel Movement: date of last BM: usual pattern:
Extremity paralysis: () RUE* () LUE* () LLE* () RLE*		Stool : consistency color amt
Tremors: ()RUE* ()LUE* ()RLE*		( ) nausea; frequency; timing
Vertigo: ( ) Yes ( ) No Numbness?: Location		( ) vomiting; frequency amt color timing
Comments:		Presence of ABD. Mass? ( ) Yes ( ) No Location:
		Comments :
		CII & CVN:

Musculoskeletal:    Within Normal Limits / No problems noted	
Muscle tone: ( ) flaccid/paralyzed ( ) atrophy LOCATION	
Strength: ( ) UE* ( )LE* ( ) weak ( ) paralysis LOCATION	
Range of Motion (ROM): ( )limited LOCATION	
Gait: ( ) unsteady ( )other: specify	
( ) Assistive device: specify	<b>500</b> /
Activity assistance level: ( ) Dependent 100% ( ) Maximal /5% ( ) Moderate	50%
( ) Minimal 25% ( ) Supervision / Stand-by assist; no touching of patient     ( ) Modified Independence; uses assistive devices independently plus no touching	
patient by others	j Oi
( ) Independent; no assistive device in use plus no assistance from others	
Comments :	
Integumentary:	
Skin Color: ( ) pale ( ) jaundice ( ) cyanotic	
Temp / texture / moisture: ( ) cool ( )rough ( ) moist ( ) dry	
( )sweating ( )oily	
Presence of Rash?: ( )Yes ( ) No location	
size(cm): length depth width	
wound bed color characteristics ( ) moist ( ) dry	
Presence of Wound?: ( ) Ves. ( ) No.   location	
Presence of Wound?: ( ) Yes ( ) No location size(cm):lengthdepthwidth	
drainage; wound bed color; odor	
dressing, if any	
Presence of Pressure sore: ( ) Yes ( ) No location;	
stage: ( ) 1 ( ) 2 ( )3 ( ) 4;	
size (cm): length depthwidth	
drainage; wound bed color: ; odor	
dressing, if any	
Presence of Incision site: ( ) Yes ( ) No location	
size (cm): lengthdepthwidth	
drainage; wound bed color; odor	
presence of ( ) staples ( ) sutures ( ) dermabond dressing, if any	
Comments:	
Commonto.	
Please use drawing below for additional information:	
PRINTED NAME/ SIGNATURE:	
DATE & TIME:	
*RUE _ Right Upper Extremity *LUE_Left Upper Extremity	
*R- Right	
RUE – Right Upper Extremity *LUE- Left Upper Extremity R- Right *L- Left LLE- Left Lower Extremity *RLE- Right Lower Extremity	

\*UE- Upper Extremity \*LE- Lower Extremity