

Nursing Assessment

Questions/points to consider in your assessment

Maintaining a Safe Environment

What type of accommodation do you live in?

Who do you live with?

Have you experienced any falls recently? If so how many, when and causes of falls?

Communication

Do you wear glasses at all? If yes when do you need to wear them?

Do you wear a hearing aid? If yes in which ear do you wear them?

Breathing

Do you have any difficulties with your breathing?

If so what difficulties are you do you have/experience?

What makes your breathing better or worse?

Do you take inhalers at all? If yes can I assess your inhaler technique next time you take your inhalers

Do you have a cough? If yes are you expectorating any phlegm? If yes what are the characteristics of the phlegm such as colour, consistency, and amount? Advise that will come back and educate on how to obtain a sputum sample.

Do you smoke? If yes how many cigarettes per day and for how long have you smoked? Have you considered stopping smoking? If not offer smoking cessation service information

Eating and Drinking

What do you like to eat and drink?

Do you have any special dietary requirements or food allergies? If so what?

What is your appetite like? Has this changed at all?

Do you drink alcohol? If yes how much and for how long? If amount is

high then have they considered reducing their alcohol intake
Have you been experiencing any nausea and vomiting? If so for how long and have you taken anything? What's helps to reduce your nausea and vomiting?
Do you wear dentures? If so do you have them with you.

Elimination

When did you last past urine? Has there any changes to your urine pattern such as odour, pain, colour? If yes then state will educate how to obtain a urine specimen
If patient is a woman of child bearing age ask when last menstrual period was and if there is any chance they could be pregnant.
When did you last have your bowels open? What is your usual bowel pattern?
Have you experienced any changes in your bowel pattern such as loose stool, increased frequency, blood? If so for how long? What makes it better or worse?

Washing and Dressing

Are you able to wash and dress yourself? If no what assistance do you require?
Do you have any special bathing rituals or certain soaps/creams?
Do you prefer a bath or shower?

Controlling Temperature

How is the temperature in the room?
Have you had any episodes of increased temperature?

Mobilisation

How do you usually mobilise?
Do you require any walking aids or assistance when mobilising?
Are you experiencing any changes in your mobilisation? If so what has changed, when and what is causing the changes?
Are you able to mobilise upstairs?

Working and Playing

Do you have any hobbies? If so what?
Are you currently working? If so what is your job?

Expressing Sexuality

This does not mean sexual orientation or sexual activity. This is more about body image, wearing makeup, self-esteem, body confidence and will be very specific to each patient and their presenting condition

Sleeping

How many hours do you sleep per night?
How many hours are you currently sleeping? If sleep pattern has changed when did it change, what has made it change?
Do you have any sleep rituals? If so what?

Death and Dying

This does not mean you have to ask the patient about dying. You will need to look at the patient individually, their condition and what they are saying or asking.

Things to consider are DNACPR, advanced directives and listen to the patient's wishes, questions or concerns.

You can consider religion and if the patient wants a visit from their religious leader.

Spirituality also comes under this section