

ASSESSMENT

1. DECLARE THAT THE SCENE IS SAFE

"First, I would make sure that the scene is safe, making sure that there is no clutter, wire or any spillages on the floor that may cause trips and falls."

2. PRIVACY AND DIGNITY

"Draw the curtains to provide privacy and preserve the patient's dignity."

3. HANDWASHING

"I will wash my hands first before approaching my patient [perform hand washing]"

"I will then throw my paper towel in the black bin."

I will do this for 60 seconds before and after pt contact.

Now I am ready to go to my patient.

4. INTRODUCE SELF

"Hi, Ms/Mrs/Mr. _____, I am Christina, I will be your nurse for today."

5. CONFIRM IDENTITY/PREFERRED NAME/ALLERGIES

"Before anything else, can I check your ID band?"

"Can you tell me your full name and date of birth pls?"

[compare it against the assessment data]

"Hospital number _____"

"how do you want me to call you?"

"okay, I have noticed that you are wearing a red ID band, can you tell me what your allergies are and what happens when you take them"

6. EXPLAIN PURPOSE OF VISIT AND GAIN CONSENT

"[Preferred name], I will be taking a set of observations, which includes your blood pressure, respiratory and pulse rate, temperature and oxygen saturation. Then I will ask you a couple of questions regarding your activities of daily living so we could plan for your care. Is that alright?"

7. COMFORT/POSITION/PAIN

"Are you comfortable with your position? Are you in pain? (if yes, "When did you last take your pain medication? From 1-10, 1 as the lowest and 10 as the highest, how would you rate your pain? Do you want me to get a pain medication for you?")

"This assessment will take around 10-15 minutes, do you want to go to the toilet first?"

"If in the middle of the assessment you will feel uncomfortable, don't hesitate to tell me, okay? Then we will continue with the assessment when you feel better"

8. ACKNOWLEDGE PROMPTS

"I can see that you have things on your table"

Cigarette and Lighter

"Are the cigarette and lighter yours? Do you smoke?"

"I would just like to remind you that we have a 'no smoking' policy in the hospital because we have several oxygen, which are highly combustible. Do you mind if I take it away? Don't worry, I will give it back to you upon your discharge; but for now, I have to keep it with us for safety reasons."

"and also, do you mind if I give you some leaflets later on about smoking cessation? We have a Smoking cessation program and it might be useful for you in the future if you ever decide to quit."

Inhalers

How many times do you take it?

Do you follow what has been prescribed for you?

If not that will cause exacerbation so I highly suggest that you follow the doctor's prescription.

I can refer you to a **respiratory specialist**.

Eyeglasses

"Do you want to wear your eyeglasses while I do the assessment?"

"When was the last time your eyes were checked? Do you mind if I refer you to our **ophthalmologist**? To make sure that that glasses is still right for you."

Hearing aid

"What about your hearing aid, do you want to wear them? Can you hear me clearly?"

If no: Do you want me to refer you to the **audiologist**?

"Which one is the better ear?" ok so I'll stay on this side.

Specimen Container

"I can see that you have a specimen container here. Do you know what is it for?"

If the patient will say no: "oh, okay. I will check what the doctors want you to be tested for and instruct you how to get the desired specimen after the assessment"

Glass of Water

"So, I can see in your notes that you are for surgery. Can you tell me when was the last time you drank water? Has anyone instructed you that you could not eat nor drink prior to your surgery?" (if last night, "okay, but do you mind if I will put it away so that you won't be tempted to drink? as your surgery might be rescheduled if you have drank something because the water may go to your lungs causing you to be aspirated.")

If the patient drank water: "how much water did you drink? I will just inform your doctor about it your surgery might be rescheduled if you have drank something because the water may go to your lungs causing you to be aspirated."

SWEETS

"Are these sweets yours?"

If yes:

"It is written in your data that you are diabetic."

"How often do you eat sweets?"

If uncontrollable:

"Has anyone discussed with you the nature of diabetes, its management and the suitable diet for it?"

If no:

"okay, I can discuss that with you later; or if you don't mind, I can also refer you to our Diabetes Nurse who can thoroughly explain the in depth details and management of diabetes"

If yes: "okay, if you don't mind, I can also refer you to our Diabetes Nurse who can thoroughly explain the in depth details and management of diabetes."

Sweets & Coffee

(patient is on low fat diet)

"how often do you drink coffee and eat sweets?"

"I would suggest you lessen your intake of sweet food and use low fat milk for your coffee because you are currently on low fat diet."

Walking Stick

"I can see you have a walking stick, are you comfortable in using it?"

If no: Do you mind if I refer you to the physiotherapist? She could assess and discuss with you other options that you might like.

"Let me place it near you so you can reach it easily. I will also be leaving the call bell near you later on so that if you need help you can just press the button and I will come and help you."

9. OBSERVATIONS

"Now, I will be taking your observations, your blood pressure, pulse and respiratory rate, oxygen saturation and temperature. Are you happy for me to proceed?"

"I will just do a quick handrub."

"I've made sure that the equipment is calibrated and cleaned before and after patient contact."

"Let's start with your blood pressure. Can I wrap the BP cuff around your left arm please?"

"When I start the machine, you will feel a tightening of the cuff but it's just for a few seconds and it shouldn't hurt."

"Next, can I put this probe on the finger of your other hand? This is to check your oxygen saturation" [make sure that there is no nail polish or fake nail skin is not cold and clammy]

"while waiting for those, can I check your temperature? I will be putting this inside your ear. But don't worry, this will not hurt and this will be very quick. Also, this is covered with a single-use probe. So, this is clean."

"I will throw the probe cover in the clinical waste bin or the orange bin"

"then, i would like to feel the rhythm and the rate of your pulse. Do you mind if i hold your wrist?"

"I will be quiet for a minute or two and i would request for you to do the same. Is that alright?"

[look at the patient's chest]

"So, your temperature is: __. That's normal"

"Your blood pressure is: __"

"oxygen saturation: __"

"Thank you, [preferred name]"

"Just give me a few seconds while I take note of our OBS".

"I've counted your pulse rate and your respiratory rate. I did not tell you that i was gonna count the respiratory rate so it won't affect the result."

"Your pulse rate is: __ and respiratory rate is: __. Both are normal."

["the patient NEWS is 0.]

"Your OBS are all fine. So, I will be checking your observation again later after 12 hours or if your clinical condition changes."

NEUROLOGICAL OBSERVATIONS

"Next, I will be doing a neurological assessment."

EYES OPEN

"Since you're awake and your eyes are spontaneously open, your score is 4."

VERBAL RESPONSE

-this assesses 2 elements: comprehension and ability to articulate reply

"Can you tell me where you are right now?"

"Can you tell me the month or the current year is?"

"since you have already said your name earlier, and you know where you are and the current month/year, you score for verbal response is 5"

[if the patient answer one or more component wrongly, record him as confused.]

*confused –not orientated but the patient's communication is coherent

MOTOR RESPONSE

-indicates the functional state of the brain as a whole

"can you open you mouth and stick your tongue out?"

"can you grasp my hand and squeeze it?"

"okey, since you did my commends, that would be a 6."

[the patient's GCS is 15]

LIMB MOVEMENT

-a difference in responsiveness in one limb, compared to the other, indicates focal brain damage

"Now, put your arms forward. Wait for 5sec then ask pt if he feels any weakness? On which side?"

. I am going to place my hand over yours, try to resist them as I try to push it."

"Next is your legs. Bend your knees, try to resist my hands by lifting your legs (Do one leg at a time.)"

"okay, your arms and legs are fine,

PUPILLARY RESPONSE

"Next, I will be flashing a light over your eyes. Please look straight."

"your eyes are normal"

[normal pupil size: ___]

10. LEVEL OF CONSCIOUSNESS

- "Alert"

11. BLOOD SUGAR (Ask the assessor do I need to check the blood sugar?)

12. PAIN

"Are you in pain? (if yes, "Where is the pain? When did you last take your pain medication? Do you know what pain medication was that? If i ask you to rate the pain from 1-10, 1 as the lowest and 10 as the highest, how would you rate your pain? Do you want me to get you another pain medication?")"

Are you pain free at rest and/or on movement?

Is the pain a primary complaint or a secondary complaint associated with another condition?

Where is the location of the pain? Does it radiate?

When did it begin and what are the circumstances are associated with it?

How intense is the pain, at rest and on movement?

What make the pain worse?

What helps to relieve it?

How long does the pain last? For example, continuous, intermittent? For stomach, with meals? Before or after meals?

Can you describe to me the quality of pain? Is it sharp? Throbbing? Burning? Gnawing?

13. URINE OUTPUT

"Have you passed urine since you came in?"

14. HANDRUB

"Thank you for cooperating, [preferred name]. I will just do a quick hand rub before we start with the questions"

15. ACTIVITIES OF DAILY LIVING

"Is it alright if I sit in front of you?"

"I've seen that your assessment data has already been filled out. So, I will just be asking you some questions with regards to your activities of daily living so that we could plan for your care, is it okay with you?"

MAINTAINING SAFE ENVIRONMENT

-assess the patient's ability to comprehend the present environment without showing levels of distress

-establish whether there are any barriers to the patient understanding their condition and treatment

Do you know where you are?

[introduce the facility, hospital, ward, location of toilet, use of call bell]

Do you know what the date and time is?

[if no, orient to date and time]

Have you had any falls?

[if yes, what's the reason of your fall? Dizziness? Problems with gait and balance?]

What happened when you fell?

Did you lose consciousness? Did you have fractures? Bruises?]

If the patient has a mobility issue, talk about their accommodation, stairs, bathroom, etc.

"If you don't mind, I would like to refer you to the falls risk assessment team and if you need anything, you could just press the call button so that I could assist you in anyway possible, okay?"

COMMUNICATION

-assess the ability to comprehend and use information

Do you have any problems with your hearing? With your eyesight?

[if you see eyeglasses or contact lenses, "do you use it all the time? What happens if you don't wear them? Do you want to wear them now?"]

Do you use hearing aids?

Do you

Is English his first language?

[if not, do you need an interpreter so that you could better express yourself?]

BREATHING

-it is important to assess and monitor smoking habits

-it would be a good opportunity, if appropriate, to discuss smoking cessation

Do you have any problems with your breathing? How far can you go??

Are you normally short of breath?

Does this affect your mobility?

Does breathing cause you pain?
Has your shortness of breath become worse in the past week?
Do you experience any other symptoms when you are short of breath?
Do you smoke? How many packs of cigarettes do you smoke a day?
Do you have asthma?

“Have you thought of quitting smoking? Because we have a smoke cessation team
Here in the hospital that may help you with that”

If no: “okay, but if you don't mind, can I give you a leaflet about that later, it may be
useful for you in the future.”

*you can refer the patient to the respiratory specialist nurse

EATING AND DRINKING

do you have any problems with eating? Drinking?
do you have any problems with swallowing? Are you able to swallow or chew the
food? (dysphagia)
what sort of food do you normally eat?
Is there anything you don't or can't eat?
Are you able to drink water/juices adequately?
[if no: what do you think hinders you from drinking?]
How much and what do you often drink?
have you experience problems with your appetite?
[how much on an average have you been eating a day? What do you think
may trigger your problem with your appetite? Do you feel nauseous
if try taking in food? Fluid?]
how much would you normally eat?
Have you lost any weight recently?
Do you wear dentures? Does it perfectly fit you? Or does it need adjustment?
Do you have any loose teeth? (risk for aspiration)
Do you drink any alcohol?
[if yes: how often do you drink? and how much? How many bottles or glasses
do you drink]

Nausea and Vomiting

-can cause dehydration, electrolyte imbalance and nutritional deficiencies

Do you feel nauseous?
[if already vomited, assess the frequency, volume, content and
timing]

Have you vomited?
Does anything make nausea better?
Does anything make it worse?

*you can refer the patient to Speech and Language Therapist if the patient has
swallowing problems or if the patient coughs everytime she swallows

*you can refer the patient to a Dietician if the patient has significant weight loss or if
you think she needs it

*if the patient needs assistance in feeding himself, inform the patient that you will
put him on red tray/jug (red tray means that somebody will help him eat)

- *does the patient has a special cutlery (especially patients with arthritis)?
- *inform the patient that you will complete the nutritional assessment tool MUST (Malnutrition Universal Screening Tool) and refer to dietician if needed for supplements

ELIMINATION

- it is important to determine a baseline withindependence
- incontinence? Constipation? Diarrhea? Urinary retention?

Are you continent? Are you able to hold urine or bowel?

Are you usually independent in going to the toilet?

How often do you normally have your bowels open?

When was the last time?

[if more than three days and is unusual or any other unusual change in pattern of BM, ask if he would like you to inform the doctor about it so it could be dealt accordingly. Ask what was done to initiate bowel movement –eating fibrous diet and increase water intake]

Was there any difference with the bowel movement the last time? Was there any mucous, loose stool, constipation or presence of blood?

Do you have any problems passing urine?

Any discoloration, blood and unusual smell noted in your urine?

How often do you need to urinate? (frequency)

How immediate is the need to urinate? (urgency –to assess ability to hold urine)

Do you wake up at night to urinate? (Nocturia –common for DM patients)

Make sure to take less fluids before you sleep or we'll give you urinals which you can use or offer callbell.

Do you feel any pain while passing urine? When did this start?

If color is orange or odor bad??

“we really can't say if you have urine infection but if you are allowed to E&D drink lots of water”

I can see that the urine test results are out now... there are some deviations from normal..make sure to drink lots of water and if confirmed with urine infection we'll confirm with the doctor which one is needed to be prescribed.

WASHING AND DRESSING

- ability to meet personal hygiene, including oral hygiene needs

Do you usually wash and dress yourself? Do you do it at daytime or night time?

Assess degree or level of assistance required (doing buttons, brushing hair, washing back, etc)

Would you prefer a female nurse (if female patient) or male nurse (if male patient) to assist you?

if you need assistance, you could just press the call bell button so that I could assist you in anyway possible, okay?

CONTROLLING BODY TEMPERATURE

are you warm enough in this room?
[offer blanket/fan if needed]
Do you easily get cold?

MOBILISATION

-to establish the level of assistance required to tackle activities of daily living

Are you able to walk independently?
Are you able to move up and down and turn in bed?
Do you use any walking aid? Crane? Stick? Walker? Frame?
How far can you usually walk?
Do you experience any shaking or unsteady gaits while walking?
Do you experience difficulty initiating a walk or when stopping?
Do you drive?
Do you feel unsteady on your feet?

I will do a risk assessment after this assessment and refer you to a FALLS RISK COORDINATOR.

- *refer to PT or OT
- *assess what type of assistance does she need: help with the mobility or fine motor Movements such as doing the buttons or shaving
- *give health education on importance of using the call bell for assistance
- *tell that you will do falls assessment tool and moving and handling assessment

SLEEPING

-sleep patterns, routines, and interventions applied to achieve a comfortable sleep

What is your normal sleeping pattern?
How many pillows do you need to sleep with?
Do you have shortness of breath or any problems in breathing when asleep or when lying down?
Do you sleep with lights on or off?
What is your bedtime routine? (like having a hot shower, drink a glass of milk, etc)
Do you take any medication to help you sleep? (remind that it shouldn't be taken with alcohol)
Do you have any difficulty falling asleep or staying asleep? (insomnia?)
Do you feel rested after sleep?
Do you sleep during the day?
What are your normal hours for going to bed and waking?
Do you wake up at night to urinate? (Nocturia –common for DM patients)
[if yes: "do you drink before going to bed?"]

- *offer relaxation activities at night, like reading, listening to music, etc
- *ask doctor to prescribe inhalers at bedtime if coughing wakes her up at night
- *refer to sleep specialist/clinic

WORKING AND PLAYING

What would you like to do on your spare time?
Have you been able to do these activities recently?

- *Discuss if he wants to call his family to bring some of his belongings
- *Discuss resources available in the hospitals (radio, tv)

We have a library here do you want me to borrow some books for you?

16. ASSESSMENT COMPLETE

"thank you [preferred name], I think i've got all the information that I need for now. But there may be times that you will be asked some more questions during your stay in the hospital because we want you to give the outmost care"

17. CONCERNS/QUESTIONS

"do you have any questions or concerns for me before I leave?"

*If you haven't acknowledged her social concerns yet this is when she will say it to you. To save time, you can mention her social concerns after your ADLs and address them.

SAMPLE:

Her husband has a chronic heart illness and she is the main carer/reminds her husband when to take meds. (Say you understand her concerns, you will refer to community nurse/district nurse so they can visit him while patient is in hospital. Or ask if there is someone who can take care of him for the meantime, relative or friend? Then ask if she wants to phone them. Offer hands-free phone of ward if she doesn't have a cellphone.)

Or community nurse to visit husband

She has a dog/cat/any pet that will be left alone. (refer to social service, ask if someone can take care of the pet in the meantime)

She has a garden allotment that might be taken away if she doesn't tend to it for a long time. (refer to social service, ask if someone can take care of it while she is hospitalized)

18. CALLBELL/COMFORTABLE/SIDERAIL

"Are you comfortable with your position? If ever you need anything, please press the call bell button so that I could assist you with anything. Do you want your side rail up or down? Thank you for your time and cooperation."

19. HANDWASHING/HANDRUB

20. DOCUMENTATION

"Then I will complete my documentation"