**University of Southern Nevada - College of Nursing**

**Clinical Preparation Report**

**Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Initials: \_\_\_\_\_\_\_\_Room #\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_Gender: \_\_\_\_\_\_\_\_ Admission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DNR Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Admission Medical Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Concurrent Diagnoses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Present Condition Status** (Stable or Unstable? Alert or Unconscious? Bedridden or Independent? Oriented or Confused? Cooperative?)  **Restraints Type** (Reason)  **Isolation Type** (Reason) | |
| **Current Surgery / Date** (Include estimated blood & fluid loss / all drains) | |
| **S&S** (Upon arrival to hospital)  **Supportive Findings** of Medical Diagnosis (Include ONLY Relevant Diagnostics)  **Explain Related Etiology & Pathophysiology & Potential Complications =** (Use other side of this page to illustrate) | |
| **Past Health / Surgical History** | |
| **Medications Due Accu-Check Medications Due Accu-Check**  **08 09 10 11 12 13 AC 08 12 17 18 HS 20 21 22 23 24 01 AC 08 12 17 18 HS**  **14 15 16 17 18 19 Other Times\_\_\_\_\_\_\_\_\_\_ 02 03 04 05 06 07 Other Times\_\_\_\_\_\_\_\_\_\_** | |
| **Oxygen**  **O2 Sat** | **Activity Ordered**  **PT / OT** |
| **Diet / Fluid Restrictions**  **LBM** | **Wounds**  **Pressure Sores:** |
| **Primary IV Fluids @ ml/hr** | **Peripheral Lines / Central Lines / PICC (Include site assessment)** |
| **I & O** (Explain +/- 1000 ml balance variance) | **Foley / CBI / Drains (Describe drainage)** |
| **Priority Nursing Concerns / Date:** |  |
| **1.** | **2.** |
| **3.** | **4.** |
| **Other Data:** | |
|  | |
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