



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

☐ RUH ☐ SCH ☐ SPH Other _____

Patient Label

NAME: PLANTE, Clara

HSN: 825 545 737

D.O.B.: 15/08/19XX (89 years old at the time the video was created)

ADULT NURSING ADMISSION ASSESSMENT

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ADMITTING DIAGNOSIS: Chronic Urinary Tract Infection

Pt's Preferred Name: Clara

Date & Time of Admission: Jan. 2. 1440h Accompanied by: EMS Language Spoken: English (understands cree) Translator: Identification Band: <input type="checkbox"/> Hospital <input type="checkbox"/> Allergy <input checked="" type="checkbox"/> Medic alert Source of Information: <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other _____ Weight: 165lbs (75kg) Height: 157cm 62 inches	Contacts, if needed. (i.e. first to call/family spokesperson, ride home, sit with patient)	
	Name & Relationship	Phone # (Cell, Home & Work)
	1. <u>Daryl Plante (nephew)</u> <u>306-227-9969</u>	
	2. <u>James Plante (son) & Connie Plante (daughter)</u> <u>902-343-1698 & 011-44-131-377-1891</u>	
	HEALTH CARE DECISIONS	
Do you have an Advance Care Directive , Living Will, Proxy document or equivalent document? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Do you have it with you? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Would you like more information on Advance Care Directives? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes "Advanced Health Care Directives" pamphlet #103618 Offered: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
If patient is no longer able to make their own health care decisions, who is the legally appointed substitute decision maker?		
Proxy - documented in the Advanced Care Directive, Proxy document, or Serious Illness-Sudden Collapse Plan from SHR long term care.		
Name & Relationship		Phone # (Cell, Home & Work)
1. _____		_____
IF NO APPOINTED PROXY THEN:		
Nearest Relative (as per Saskatchewan legislation)		
Name & Relationship	Phone # (Cell, Home & Work)	
1. _____	_____	

Temp: 38.1 Pulse: 92 Resp: 18 BP: 139/89 O2 Sat: 95% (RA) * BGM: 10.1 *If applicable

Presenting Illness/History: ("Why are you being admitted?")

"I felt feverish and was having difficulty walking but I needed to go to the bathroom a lot to pee"

Past history of hospitalizations, surgeries, contributing disease processes:

HTN, CHF, type 2 DM, chronic kidney disease (mild), osteoarthritis, osteoporosis, # to (R) humerus (2016), hypothyroidism, gout, HOH, macular degeneration, ex-smoker, hx of chronic UTIs.

ADULT NURSING ADMISSION ASSESSMENT

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Name: _____

HSN: _____

- Usual Diet (e.g. Regular, Low Fat, Heart Healthy) heart healthy/diabetic
- Weight loss in the past 6 months WITHOUT TRYING x No q Yes Amount: _____ →
- Have you been eating less than usual FOR MORE THAN A WEEK? x No q Yes →
- Diabetes: q No x Yes Type: 2 Diet followed: generally
Blood glucose monitoring: q No x Yes Frequency: daily
- Current Tobacco Products use: x No q Yes How much? 1PPD How long? 15 years Quit? yes - in 19 XX
 - When do you have your cigarette after waking? q within 30 minutes (recommend NRT) q more than 30 minutes
 - Advise about importance of quitting. q Yes "The most important advice I can give you is to quit and I can help"
 - NRT offered while in hospital? q Yes q No N/A
 - "Tobacco Cessation Services" #103810 pamphlet / contact for Community Addictions Services (306) 655-7777 offered q Yes q No N/A
- Current Alcohol use: x No q Yes Frequency, amount: _____
- Current Substance use (Marijuana, cocaine, crystal meth, inhalants or opioids without medical justification):
x No q Yes Substance, frequency, amount: _____
- Previous Anesthetic: x No q Yes Adverse reactions Pt / Family: _____
- Personal. Ethnic or Religious beliefs that may affect care: _____
- Patient would like a consult to Spiritual and Cultural Care on admission: q No x Yes If yes, consult Sp & Cult Care.
- Recent (within 2-3 weeks) contact with a communicable diseases (e.g. Influenza, Chicken pox, Whooping cough, TB, Respiratory/GI Illness, new rashes): x No q Yes If yes, document details in Nursing Progress notes. Consult Infection Control if symptoms present.
- Valuables: x None q Locked in Financial Services/Unit _____ # Envelopes locked up q Taken home
- Use of Personal items/devices and which, if any, are brought to the hospital:
x dentures – upper/lower q No x Yes q contact lenses – right/left q No q Yes x glasses q No x Yes
q partial plate – upper/lower q No q Yes x hearing aide – right/left q No x Yes x cane x No q Yes
q walker x wheeled walker x No q Yes q wheelchair q No q Yes q crutches q No q Yes
q prostheses – (specify): _____
- Usual level of mobility: q Independent x Independent with aid of device
q Dependent q Assist of 1 q Use of mechanical lifts q Assist of 2 q Bedridden
- Type of home: q House q Apartment x Assisted Living q Personal Care Home q Long Term Care
- Features that may cause difficulties: (e.g. Stairs, bedroom/bathroom on different level) q No x Yes
List: Has to mobilize to dining room for lunch and supper
- Patient lives with: alone
- Does anyone depend on patient for care at home? x No q Yes Specify: _____
- Services in the community currently used: q None q Nursing q Meals on Wheels q Homemaking q Physio
q OT q Social Work q Home O2 q Palliative Care q Mental Health/Addictions x Other: Pharmacist
- Anticipated help or increased services on discharge: q No x Yes à Complete the following:
Is there anyone to help you at home? Specify: No. Will need homecare services
Assistance required to arrange transportation home: q No x Yes
- Completed by: Jamie Smith, RN Date: January 2
- Reviewed by: Liz Johnson, RN Date: January 2



x RUH q SCH q SPH Other _____

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q CNS assessment WNL

Alert; Orientated to person, place, time; Calm; No pain; Follows commands; Speech clear
Movement and sensation intact

q CNS assessment WNL except:

- Level of consciousness: x Restlessness q Drowsy q Aphasic q Unresponsive q Lethargic q Dysphasic
- Disorientation: q Person q Place q Time x Confused q Inappropriate
- Pain/discomfort: Onset: while voiding Location: GU
Quality: "burning" Duration: duration of void
Precipitating factors: voiding Alleviating factors: cessation of void
- Movement/sensation: patient able to move well with Ax1 plus 4WW, sensation decreased to lower limbs
- Other (i.e. neuro checks): _____

q EENT assessment WNL

No visual disturbances; No hearing deficit; No nasal congestion/sinusitis; No masses in throat or difficulty swallowing

q EENT assessment WNL except:

- Eyes macular degeneration
- Nose _____
- Other: _____
- Ears HOH
- Throat _____

q CVS assessment WNL

Skin color WNL; Skin warm & dry; Tissue turgor adequate; Heart rhythm regular; No edema

x CVS assessment WNL except:

- Skin: q Flushed q Pale q Dusky q Cyanotic q Cold x Diaphoretic q Jaundiced
- Chest Pain: Onset: N/A Location: N/A
Quality: N/A Duration: N/A
Precipitating factors: N/A Alleviating factors: _____
- Edema: mild edema to lower legs bilaterally Tissue Turgor: normal
- Peripheral Pulses: PPPx4, regular rhythm
- IV's/HDC: #22 G inserted into (L) arm
- Other: N/A

q RESP assessment WNL

Resps unlabored and symmetric with regular rhythm and depth; No cough

x RESP assessment WNL except:

- Respirations: q SOB x SOBOE q Labored q Use of accessory muscles q Stridor
- Oxygen on arrival: q Yes Amount: N/A Via: N/A
- Breath sounds: slight wheeze, AE decreased to (R) lower lobe
- Cough: none q Productive (sputum/secretions): N/A
- Other: N/A

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q GI assessment WNL	Abdomen soft; No nausea, vomiting, diarrhea or constipation; Tolerating oral diet	LAST BM: <u>January 1</u>
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x GI assessment WNL except:

- q Nausea q Vomiting q Indigestion q Heartburn q Difficulty chewing q NPO q Increased appetite q Decreased appetite q Difficulty swallowing q Pain q Diarrhea q Constipation q Rectal bleeding q Incontinence q Hemorrhoids
- Abdomen: q Firm x Soft q Distended q Tender Bowel sounds: BSx4, normal
- Other : N/A

q GUR assessment WNL	Voiding without difficulty; Urine clear; Continent of urine	LMP: <u>N/A</u>
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q GUR assessment WNL except:

- x Incontinent q Nocturia q Catheter q Suprapubic x Other: occasionally incontinent recently
- x Foul smelling urine q Dribbling q Dysuria q Urgency x Frequency q Retention
- q Distention q Hematuria Other: _____
- Vaginal/Penile discharge: q Yes N/A
- Chronic Kidney Disease: Anuric q Yes x No Comments: _____
- Other : mild chronic kidney disease

q MS assessment WNL	No sensory deficit (e.g. paralysis, hemiparesis); Movement and sensation intact to all limbs; Up ad lib
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x MS assessment WNL except:

- Presence of: q Deformities q Contractures q Weakness q Numbness x Stiffness q Amputation q Hemiparesis q Tingling q Neuromuscular deficits: _____
- Difficulty with: q Transfers q Balance q Falls q Repositioning
- Current Mobility: x With assist q Bedrest q Activity/Tolerance: _____
- Other : Ax1 plus 4WW

q INTEG assessment WNL	Skin clear; Free of rashes, reddened areas, open areas or bruises
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x INTEG assessment WNL except:

- Skin appearance: x Bruises q Rashes x Scars q Dryness q Lesions q Reddened areas
Describe: various small bruises over arms and legs, scar to (R) humerous and near (R) deltiod
- Wounds: N/A
- Other: N/A

x Psych/Soc assessment WNL	Behavior appropriate; Stable emotional state; Coping patterns appropriate
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q Psych/Soc assessment WNL except:

- Behavior: _____
- Emotional State: _____
- Other: Widowed - Husband (Gerald) passed away 10 YR AGO

Completed by: Jamie Smith, RN Date: Jan. 2 Reviewed by: Liz Johnson, RN Date: Jan. 2