

Name: _____

Date: _____

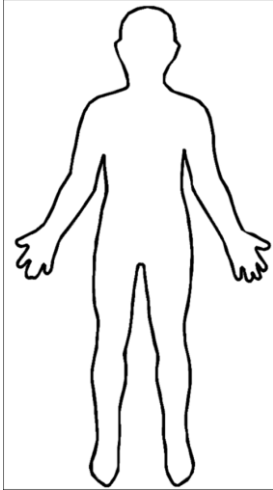
Assessment

Vital Signs: T: _____ P: _____ reg or irreg R: _____ B/P _____ SpO2 _____ RA or O2 @ _____

Pain: _____ Braden Score: _____/23 Fall Risk Assessment Score: _____

General Appearance:

Anterior

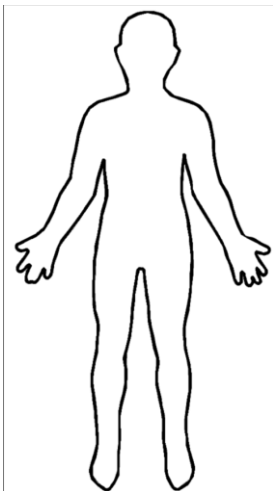


Neurologic:

Cardiovascular:

Respiratory:

Posterior



Gastrointestinal:

Genitourinary:

Musculoskeletal:

Integumentary:

Psychosocial: