

Daily Nursing Assessment for COVID-19 or PUI

Patient name: _____ Date: _____ Time: _____ Physician: _____

Date of Birth: _____ Shift Time: 7-3, 3-11, 11-7

Vitals:

1. Most Recent Temperature: _____ Route: _____
2. Most Recent Pulse: _____ Type: _____
3. Most Recent Respiration: _____ Using Accessory Muscles: Y/N
4. Most Recent O2 Saturation: _____ On Oxygen: Y/N; _____ Liters/Min

HR > 110 BPM
sBP < 90
RR > 24
SPO2 < 90 on > 4lit/min
Confusion/ AMS

Chronic Illnesses:

- Dementia: Y/N
- COPD / Asthma/ Respiratory Illness: Y/N
- DM II: Y/N DM II Insulin dependent: Y/N
- Heart Failure/ CAD: Y/N Other: _____

Symptoms: Patient

1. Can be masked: Y/N
2. Can complete sentence with shortness of breath: Y/N
3. Can Report feeling: Y/N
4. New symptoms since last shift: Y/N
 - Require triggering Nursing Assessment: Y/N or /and Inform Provider: Y/N

Intake: Normal/ Decreased / Increased Output: Voiding: Normal / decreased BM this shift: Y/N

Physical Exam: General: Looks well/ ill/ getting more tired.

- Mental Status: Improved/ Worsened/Same
- Skin: No breakdown/ New breakdown/ No changes to old breakdown. Mattress type: _____
- Heart: Tachycardia, S1S2, Abnormal heart sounds: _____
- Chest/ Lungs: Clear / Wheezing/Rhonchi/Crackles: Y/N Location: RUL/RLL/LUL/LLL/Other: _____
- Abdomen: Pain /Nausea/ Vomiting/Distended/Other: _____
- IV Site: Y/N Foley Catheter: Y/N Other Lines: _____
- Laboratory: Requested now / Pending result / To report to Provider

Treatment:

- Acetaminophen: Routine/PRN/Check temperature prior to administer
- NSAID: Monitor Side effects: Y/N (abdominal pain/GI bleed/CHF exacerbation/ARF)
- Antibiotics: Augmentin/Azithromycin/Doxycycline/Other: _____ Allergies: Y/N
- Inhaler with Spacer: Y/N Frequency: _____
- Nebulizer frequency: _____ **N95: Y** **PPE: Y always with Nebulizer**
- Other: _____

Communication: Patient: Same/ Improving/Worse. Family/ Responsible Part update: Phone Call Y/N.
Practitioner Notified Y/N. Visit: Provider Visit/ telehealth.