### ASSESSMENT (DATA COLLECTION)

**CLIENT’S INITIALS**

**MEDICAL DIAGNOSIS**

**DATE OF ADMISSION**

**AGE**

### PHYSIOLOGICAL:

**OXYGEN (CIRCULATION/RESPIRATION):**

- Lab data
- Medications

**FLUID AND ELECTROLYTES:**

- Lab data
- Medications

**NUTRITION:**

- Lab data
- Medications

**ELIMINATION:**

- Lab data
- Medications

**MOBILITY AND ACTIVITY:**

- Lab data
- Medications

**REST, SLEEP AND PAIN:**

- Lab data
- Medications
SAFETY AND SECURITY:

SKIN:

HEARING:

VISION:

ENVIRONMENT:

MENTAL STATUS:

LOVE AND BELONGING:

SELF-ESTEEM:

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