

ONGOING PSYCHIATRIC NURSING ASSESSMENT RECORD

NAME:

DOA:

Ward:

Diagnosis:

			DATE									
DAILY ASSESSMENT CRITERIA			M	E	N	M	E	N	M	E	N	
Appearance	1	Grooming & Hygiene	1. Good 2. Poor									
	2	Dress	1. Appropriate 2. Inappropriate									
	3	Posture	1. Erect 2. Slouched 3. Bedbound									
	4	Gait	1. Steady 2. Unsteady									
Behavior	1	Affect (Feeling)	1. Appropriate 2. Hopeless 3. Helpless 4. Powerless 5. Shame 6. Guilty 7. Humiliation 8. Apathy									
	2	Attitude:	1. Cooperative 2. Friendly 3. Non cooperative 4. Hostile									
	3	Activity:	1. Normal 2. Underactive 3. Overactive 4. Self-destructive 5. Aggressive 6. Harming others									
	4	Mood:	1. Normal 2. Elated 3. Depressed 4. Anxious 5. Irritable 6. Withdrawn 7. Panic									
	5	Speech:	1. Normal 2. Slurred 3. Incoherent 4. Irrelevant 5. Loud 6. Soft 7. Continuous 8. Repetitious									
	6	Coping Mechanisms	1. Adequate 2. Denial 3. Anger 4. Repression 5. Withdrawal 6. Day dreaming 7. Dependence on substance									
Cognition	1	Orientation	1. Yes 2. No if No (Time, place and person)									
	2	Attention & Memory	1. Intact 2. Impaired									
Thought	1	Process	1. Logical 2. Illogical 3. Flight of ideas 4. Neologism 5. Clang association 6. Confabulation 7. Thought blocking 8. Echolalia									
	2	Content	1. Relevant 2. Illogical 3. Flight of ideas 4. Obsession 5. Compulsion 6. Paranoid 7. Depersonalization 8. Phobias									
	3	Perception	1. Normal 2. Illusion 3. Hallucination (A, V, T, O, G)									
	4	Insight	1. Normal 2. Poor									
	5	Suicidal Ideation	1. Yes 2. No									
	6	Suicidal Attempt	1. Yes 2. No									
Others	1	Withdrawal symptoms	1. Yes 2. No									
	2	Rest & Sleep	1. Normal 2. Increased 3. Deprived 4. Sedated									
	3	Faith in God	1. Yes 2. No									
SIGNATURE/INITIAL OF STAFF			M – Morning									
			E – Evening									
			N - Night									