

**QUINSIGAMOND COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM
PNP 101 CLINICAL CARE GUIDE
CLASS OF _____**

STUDENT:
DATE CLINICAL EXP:
UNIT:
COVER NURSE:

DEMOGRAPHIC DATA:

CLIENT (INITIALS): _____ AGE: _____ MARITAL STATUS: _____ ADM. DATE: _____ RM.#: _____

RELIGION: _____ OCCUPATION: _____ PHYSICIAN(S): _____

DIAGNOSIS: _____

SURGERY (DOS): _____

P.M.H.: _____

<p>MEDICAL and NURSING ORDERS (KARDEX):</p> <p>TPR, BP: _____ .</p> <p>ACTIVITY LEVEL: _____ .</p> <p>TREATMENTS: _____ .</p> <p>_____ .</p> <p>_____ .</p>	<p>DIET: _____ T.F.: _____ WT.: _____ .</p> <p>8-hr I _____ O _____ BM _____ OCCULT test _____ .</p> <p>HYGIENE: _____ .</p> <p>_____ .</p>
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TIME	FLUID INTAKE	BALANCE OUTPUT	NARRATIVE NOTES (report to cover nurse)
TOTAL			

PROBLEM/NURSING DIAGNOSIS:
