

**Quinsigamond Community College  
 Practical Nursing Program  
 Clinical Care Guide  
 Semester II**

**Student:** \_\_\_\_\_  
**Date Clinical Exp:** \_\_\_\_\_  
**Unit/Floor:** \_\_\_\_\_  
**Cover Nurse:** \_\_\_\_\_

**CLIENT DATA SHEET**

Client (initials) \_\_\_\_\_ Room # \_\_\_\_\_ Male/Female Allergies \_\_\_\_\_

Code Status \_\_\_\_\_ Age \_\_\_\_\_ Physician(s) \_\_\_\_\_ Surgery/Date \_\_\_\_\_

Diagnosis: \_\_\_\_\_ PMH \_\_\_\_\_

Marital Status \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Weight \_\_\_\_\_

<b>Day 1 Report/Kardex Information</b>	<b>Day 1 End of Shift Report</b>
<b>Day 2 Report/Kardex Information</b>	<b>Day 2 End of Shift Report</b>

**Diagnostic Tests/Lab Tests (Must include at least 3 tests/labs)**

Client \_\_\_\_\_ Normal Value \_\_\_\_\_ Clinical Significance \_\_\_\_\_

1.

2.

3.

<b>Assessment/Data Collection</b>	<b>DAY 1</b>	<b>DAY 2</b>
<b>Mental Status/Psychosocial</b>		
<b>Respiratory</b>		
<b>Cardiovascular</b>		
<b>Skin/Integumentary</b>		
<b>Pain Assessment</b>		
<b>Musculoskeletal</b>		
<b>GI</b>		
<b>Endocrine</b>		
<b>GU/Repo</b>		
<b>Special Senses</b>		
<b>Neuro</b>		

### Priority Nursing Diagnoses

2. Nursing Diagnosis (3-part Statement)	3. Significant Interventions
1.	1.  2.  3.
2.	1.  2.  3.

**Evaluation of Plan of Care:**

**Self-Evaluation of Clinical Days (strengths and weaknesses):**

## **MEDICAL SURGICAL RESEARCH**

**NOTE: Textbook research may be submitted for all patients with the same diagnosis.**

**Diagnosis:** \_\_\_\_\_  
(Explain in your own words)

**Cause/Etiology:**

**Manifestations (Signs and symptoms):**

**Diagnostic Exams/Lab Values:**

**Medical/Surgical Interventions:**

**Nursing Interventions:**

**Goals/Outcomes**

**Discharge Planning/Teaching:**

QUINSIGAMOND COMMUNITY COLLEGE  
PRACTICAL NURSING PROGRAM  
MEDICATIONS

<b>DRUG NAME</b>	<b>CLASSIFICATION</b>	<b>USES</b>	<b>AVERAGE ADULT/ELDERLY DOSE</b>	<b>COMMON SIDE EFFECTS</b>	<b>NURSING IMPLICATIONS</b>
Client Dose					

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