

Nurses' Notes

NANDA Dx	Date & Time	Documentation
<div data-bbox="112 185 144 221">2</div> <div data-bbox="112 307 144 342">3</div> <div data-bbox="112 428 144 464">1</div>	<div data-bbox="270 185 405 264">3/21/11 0800</div>	<p><u>(2) Mrs. GH alert, awake, and oriented to person and situation but is confused as to time and place. She is able to state her name and that she is in the hospital but states that it is afternoon and that she is in the long-term care facility. Was reoriented to time and place. (3) Skin, warm, dry, pale but without pallor or cyanosis. Bilateral arms have purpura but skin remains intact and without skin tears. No noted decubitus ulcers on coccyx, hips, or heels. Respirations regular and non-labored. (1) Lung sounds clear except for crackles noted in left lower lobe but improved when compared to earlier assessment. Encouraged to cough and deep breathe; crackles lessened after use of incentive spirometer, coughing, and deep breathing. Pulse ox on right index finger showing saturation of 96% on 2 liters O₂ by nasal cannula. Ears and nares checked and are clear of irritation from cannula. Heart rate regular. S₁ and S₂ apical heart sounds clearly heard. Peripheral pulses are +2 at radius and +1 at dorsalis pedis pulses. Equal hand grips; left pedal push is weaker but unchanged since admission. Per graphic flow sheet, voided clear amber urine at 0715. C/O abdominal pain of 7 on 0–10 pain scale. Abdomen firm, distended, and tender to slight touch. Bowel sounds hyperactive in RUQ and absent in remaining quadrants. States she does not know when she last had a bowel movement. No indication of BM on graphic flow sheet since admission. Refuses breakfast stating that she is nauseous. VS 148/92, 100.6 °F, 114, 24. Charge RN notified of nausea, abdominal pain, and distention. -----E. Darwin, LVN</u></p>
<p><i>Note to student: For instructional purposes, the abnormal findings are put in bold here. Notice that any abnormal finding must include nursing intervention(s) that indicate what nursing actions address that problem/concern.</i></p> <p>NANDA Diagnoses are listed in the NANDA column and, for our example, within the nurses' notes.</p>		

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