Guidelines on the completion of the Nursing assessment sheet 1.

- Children admitted to OLCHC will be assessed on admission using the Nursing Assessment 1.
- If children admitted cannot be appropriately assessed using the Nursing Assessment 1, use Special Needs Assessment 2.
- Each assessment is divided into subsections-prompt questions indicate the information required.
- Please apply addressograph labels to patient details, next of kin and community services.
- Note: Page 2 of the Nursing Assessment 1 can be re-used for a readmission within a 6 week period, providing there is no change in the child's assessment. However, Page 1 of the Assessment should be completed on every admission.

<table>
<thead>
<tr>
<th>Patient details</th>
<th>Details continued:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply addressograph label</td>
<td>Next of Kin Apply addressograph label</td>
</tr>
</tbody>
</table>

For this section please place an addressograph label or if not available write in the required details. Check with parent/guardian if details are correct.

**Religious affiliation nationality and ethnicity is optional and only if parents give freely.**

**Next of Kin** Apply addressograph label
For this section please place an addressograph label or if not possible write in the required details. Check with Parent/guardian if details are correct.

<table>
<thead>
<tr>
<th>Community services</th>
<th>Immunisation details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply addressograph label</td>
<td>This section must be completed entirely, if unknown or no vaccinations please complete, if reason for same please supply reason.</td>
</tr>
</tbody>
</table>

Please place an addressograph on this section if available, if not possible write in the required details. Include information such as:
- Community Social Worker
- Family Liaison/ special needs assistant

**Newborn screening test** ---Please circle yes/no or if no when due

Identity Band correct and in situ---Please circle if ID band in situ, if not then take this opportunity to ensure details are correct and apply name band. If for some reason no ID band can be applied please insert reason, for example allergy, burns, Eczema—please place ID band in an alternative visible site, on cot or bed head.

<table>
<thead>
<tr>
<th>Public Health Nurse</th>
<th>Any contact with Infection in the last 4 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete this section if information available, complete pharmacy name and town located if information available.</td>
<td>This is essential information, ask parent if any contact with infection such as measles, mumps, chickenpox etc.</td>
</tr>
</tbody>
</table>

**Public Health Nurse**
Complete this section if information available, complete pharmacy name and town located if information available.

**Newborn screening test** ---Please circle yes/no or if no when due

Identity Band correct and in situ---Please circle if ID band in situ, if not then take this opportunity to ensure details are correct and apply name band. If for some reason no ID band can be applied please insert reason, for example allergy, burns, Eczema—please place ID band in an alternative visible site, on cot or bed head.

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Any contact with Infection in the last 4 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please detail if any allergies, indicating exactly what the child is allergic to if possible, describe details of type of reaction, e.g. whether rash, wheeze, hives, puffy eyes, anaphylaxis. Is an Anopen required?</td>
<td>This is essential information, ask parent if any contact with infection such as measles, mumps, chickenpox etc.</td>
</tr>
</tbody>
</table>

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Please detail if any allergies, indicating exactly what the child is allergic to if possible, describe details of type of reaction, e.g. whether rash, wheeze, hives, puffy eyes, anaphylaxis. Is an Anopen required?

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<table>
<thead>
<tr>
<th>Reason for admission: Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only place exact reason for admission</td>
<td>Time:</td>
</tr>
<tr>
<td>Time and date must be included</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for admission: Date**
Only place exact reason for admission
Time and date must be included

**Time:**

<table>
<thead>
<tr>
<th>Medications on admission</th>
<th>Previous History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert details of medications, doses and times given, include route of administration, how the child takes his/her medications e.g. spoon, syringe etc. include the length of time the medication is prescribed, if drug levels are required and when</td>
<td>This section is for details of past medical history to date. Give as much detail as possible in chronological order.</td>
</tr>
</tbody>
</table>

**Medications on admission**
Insert details of medications, doses and times given, include route of administration, how the child takes his/her medications e.g. spoon, syringe etc. include the length of time the medication is prescribed, if drug levels are required and when

<table>
<thead>
<tr>
<th>Information obtained from</th>
<th>Special Needs Assessment 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert parent/guardian or nurse if appropriate</td>
<td>tick box if needed</td>
</tr>
</tbody>
</table>

**Information obtained from**
Insert parent/guardian or nurse if appropriate

<table>
<thead>
<tr>
<th>Completed by:</th>
<th>Printed name</th>
<th>Date</th>
</tr>
</thead>
</table>

Created by CH/EH/FON June 2006
updated March 2012
## Nursing Assessment

### Maintaining a safe environment
- This section should cover any specific safety needs required by the child/infant
- Does the child require isolation for infection
- Does the child require supervision day or night
- Assess the child/infant pain score
- Any requirements that may have safety implications must be included here

### Personal Cleansing and dressing
- Tick the boxes required
- Include any hygiene personal cleansing issue in this section
- Does the child like a bath or shower
- What condition are the child’s teeth in, is he/she teething
- Does the child/infant suffer from a skin disorder

### Communication
- What is the child’s name and what does he/she answer to
- Does the child speak English, will a translator be required, if so insert language, what is the child’s first language
- Does the child make strange

### Mobility and Posture
- Please tick boxes required
- Does the child’s/infant’s condition affect their mobility
- Is motor development normal for age
- Is the child at risk of or require any specific pressure relieving devices Yes ☐ No ☐ N/A ☐
- If not applicable place N/A in this section, if yes or unsure please assess using pressure care assessment sheet.

### Breathing and Circulation
- Please complete required fields, if the child is admitted for surgery all sections will be required on admission with the exception of GCS.
- Use professional judgment in relation to required observations.

### Rest and Sleep
- Please complete details as requested, if any other specific information please insert same.
- Does the child sleep through the night
- Is a day time nap required

### Controlling Body Temperature
- Does the child suffer from febrile convulsions
- What interventions use at home to reduce pyrexia
- When were antipyretics last given

### Eating and Drinking
- Answer required questions, insert details such as likes for meals.
- Record a typical menu
- Record details of formula type, times, volume
- Record details such as type of teat, spoon
- If any specialist requirements please insert, such as Halal, no pork, vegetarian, vegan, Peskatarian

### Expressing Sexuality
- Keep in mind gender mixes in shared rooms
- Is the child menstruating
- Is it appropriate to ask LMP, or if commenced
- If nothing to add place N/A in this section

### Elimination
- Complete required fields
- Is the child trained if not is he using pull ups/nappies
- What is the child’s normal pattern, does he/she suffer from constipation/diarrhea
- Complete an admission urinalysis if required if not put in N/A

### Additional information
*Consider areas that may require special consideration such as ethnic or religious requirements if needed*