School Nurse Record

DATE: _____

SCHOOL: _____

NCWISE NUMBER: _____

STUDENT : _____ Age/Grade _____ DOB _____ Teacher _____

PARENTS/GAURDIANS:_____ Address:_____

Telephone (Home): _____ (Work): _____

Cell Phone: _____Emergency Contact: _____

Primary Nursing Assessment

Neurological

☐ N/A

MENTAL STATUS
☐ Oriented
☐ Disoriented

PUPILS: ☐ N/A
☐ Equal ☐ Unequal

L		R
☐	Reactive	☐
☐	Non-Reactive	☐
☐	Dilated	☐
☐	Constricted	☐

Skin/ORTHO

☐ N/A
☐ Cool ☐ Warm
☐ Hot ☐ Dry
☐ Diaphoretic

COLOR:
☐ Normal ☐ Pale
☐ Flushed

MUCOUS MEMBRANES
☐ Moist ☐ Dry

SURFACE:
☐ Abrasion ☐ Contusion
☐ Laceration ☐ Burn
☐ Redness ☐ Puncture
☐ Rash ☐ Ulcer
☐ Bruise
☐ Bleeding
Location: _____
_____

ORTHO: ☐ N/A
☐ Pain ☐ Swelling
☐ Deformity ☐ Limited
☐ Capillary Refill ROM

ENT

☐ N/A

EARS:

L		R
☐	Clear	☐
☐	Redness	☐
☐	Fluid	☐
☐	Swelling	☐
☐	Discharge	☐

NOSE:
☐ Clear
☐ Congested
☐ Drainage

THROAT:
☐ Clear
☐ Redness
☐ Swelling
☐ Exudate
☐ Blisters

LYMPH NODES:

L		R
☐	Normal	☐
☐	Enlarged	☐

Respiratory

☐ N/A
☐ Normal
☐ Dyspnea
☐ Nasal Flaring
☐ Retractions
☐ Stridor

BREATH SOUNDS:
☐ N/A

L		R
☐	Clear	☐
☐	Crackles	☐
☐	Wheezing	☐
☐	Diminshed	☐

Psychosocial

EYE CONTACT :
☐ Yes ☐ No

BEHAVIOR:
☐ Uncoop. ☐ Combative
☐ Coop. ☐ Agitated
☐ Age Appropriate

AFFECT:
☐ Normal ☐ Flat

IDEATIONS:
☐ N/A ☐ None
☐ Harmful to self
☐ Harmful to others

GI

☐ N/A

ABDOMEN:
☐ Normal ☐ Distended
☐ Guarding ☐ Rigid

TENDERNESS:
☐ LUQ ☐ RUQ
☐ LLQ ☐ RLQ

☐ Epigastric
☐ Suprapubic
☐ Generalized
☐ Umbilicus

BOWEL SOUNDS
☐ None ☐ Present
Last BM _____
☐ Constipated
☐ Diarrhea
☐ Nausea
☐ Vomiting

GU/GYN

☐ N/A

GU:
Flank Pain L R

☐ Dysuria
☐ Retention
☐ Hematuria
☐ Discharge
☐ Frequency

MENSTRUATION:
LMP: _____

Pain

☐ None

Location/Description:
_____
_____
_____
_____
_____

Scale: /5

0 1 2 3 4 5

Vital Signs

Time	Temp.	B/P	Pulse	Resp.

PLANNING/INTERVENTION

_____
_____
_____
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_____

Discharged to:
☐ Class ☐ Home/Parent ☐ ER

Referred to:
☐ Doctor ☐ Dental ☐ Vision

_____
Signature Date