

# Pediatric Nursing Assessment

## Patient Information

Patient Name

Date of Birth

Age

Sex

Select

Parent/Guardian Name

Admission Date

## Vital Signs

Temperature (°C)

Pulse (bpm)

Respirations (/min)

BP (mmHg)

e.g. 90/60

SpO<sub>2</sub> (%)

## Physical Assessment

General Appearance

Weight (kg)

Height/Length (cm)

Head Circumference (cm)

Skin

Respiratory

Cardiac

Abdomen

Neurological

## **Pain Assessment**

Pain Scale

Pain Location/Description

Comfort Measures

## **Nutrition and Elimination**

Diet/Feeding

Urine/Stool Output

## **Developmental/Behavioral Assessment**

Developmental Milestones/Behavior

## **Family/Social History**

Family and Social Support

## **Allergies/Medications**

Allergies

Current Medications

## **Nurse's Notes/Plan**

Comments/Plan of Care