

# Pediatric Nursing Assessment

## Patient Information

Patient Name

Date of Birth

Age

Sex

Parent/Guardian Name

Admission Date

## Vital Signs

Temperature (°C)

Pulse (bpm)

Respirations (/min)

BP (mmHg)

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