



FA Davis Chapter 3 Assessment

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Assessment	is the systematic gathering of information related to the physical, mental, spiritual, socioeconomic, and cultural status of an individual, group, or community.
Assessment includes	Collecting data, Using a systematic and ongoing process, Categorizing data, Recording data
Diagnosis	•Data are used to identify the client's actual or potential health problems and strengths.
Planning outcomes and interventions	•Data about the client's motivation, family, and available resources help you and the client formulate realistic goals. •Assessment data help you to choose the most effective interventions for the client.
Implementation	•You gather data by observing the client's responses as you perform interventions.
Evaluation	•You assess client responses to interventions; client responses are data. •Reassessment provides the basis for changes in the care plan.
Medical assessments	§focus on disease and pathology.
Nursing assessments	focus on the client's responses to illness.
Assessment is an essential skill that is endorsed by	•American Nurses Association •National Council of State Boards of Nursing •The Joint Commission
Can I Delegate Assessments?	§A professional nurse must perform the assessment portion of the nursing process. §Nurse aides or other unlicensed assistive personnel (U A P) and licensed practical nurses (L P N's) collect information such as vital signs, pain reports, and fingerstick blood glucose levels. However, it is the responsibility of the professional nurse to assign those tasks, validate the data collected, conduct the interview, and complete the physical assessment.
Delegating	The N C S B N's Model Rules on Delegation (2012, updated 2017) states that the R N may delegate components of care but cannot delegate a task that requires assessment, interpretation, or independent decision making during its performance or at completion.
Types of Data	subjective, objective, Primary, Secondary
Subjective	•What the patient says
objective	•What can be observed or measured
primary data	•Obtained directly from the client
secondary data	•Obtained secondhand through the medical record or another person
Nursing Assessment Skills	§Observation §Physical assessment §Interviewing
Observation	refers to the deliberate use of all of your senses to gather and interpret patient and environmental data. Try to use the same sequence of observation at each patient contact. By making systematic observations each time you are with a patient, you are less likely to miss an assessment area.
Physical Assessment	or physical examination) produces primarily objective data and makes use of the following techniques: inspection (visual examination), palpation (touch), percussion (tapping a body surface), direct auscultation (listening with the unaided ear), and indirect auscultation (listening with a stethoscope)

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Albert A Gayle



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