

# Nursing Admission Note

## Template

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Use this templated guide for writing effective nursing admission notes. Please keep in mind that charting by exception keeps your documentation concise and relevant to the needs of the patient.

<b>Patient Name</b>		<b>DOB (mo/day/yr)</b>	
<b>Preferred Name (if applicable)</b>		<b>Admission Date/Time</b>	
<b>Sex (M/F)</b>		<b>Chief Complaint (or diagnosis)</b>	

<b>Known Allergies</b>	
<b>Relevant Medical History</b>	
<b>Risk Considerations</b> <ul style="list-style-type: none"><li>• Fall Risk</li><li>• Braden Score</li><li>• Suicide or Self-Harm Risk</li><li>• Infection Control Precautions</li></ul>	
<b>Psychosocial/Cultural Needs</b> <ul style="list-style-type: none"><li>• Mental Status</li><li>• Language/Interpreter Needs</li><li>• Mobility Status</li><li>• Living/Support Situation</li><li>• Cultural/Spiritual Considerations</li></ul>	

<b>Last Set of Vital Signs</b>	<b>BP</b>	<b>Standard Exam Findings Outside of Normal Limits</b>	<b>Neurological</b>
	<b>HR</b>		<b>Respiratory</b>
	<b>Temp</b>		<b>Cardiovascular</b>
	<b>RR</b>		<b>Gastrointestinal</b>
	<b>O2</b>		<b>Genitourinary</b>
			<b>Musculoskeletal</b>
			<b>Psychiatric</b>

<b>Immediate Interventions Performed</b> <ul style="list-style-type: none"> <li>• Precautions</li> <li>• Escalated Monitoring</li> <li>• Completed Emergency or ASAP Orders</li> </ul>	
<b>Priority Care Objectives</b> <ul style="list-style-type: none"> <li>• Planned Next Steps of Care</li> <li>• Recommendations</li> </ul>	
<b>Initial Impression and Care Goals</b>	
<b>Initial Assessment Concerns</b>	

<b>Nurse's Signature/Credentials</b>		<b>Date/Time</b>	
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