

Wing Assessment Assignment

Name: _____ Height: _____ Weight: _____

Mental Status

- Alert Confused Oriented to person
 Oriented to place Oriented to time

Mood/Behavior

- Friendly Cooperative Anxious Frightened
 Combative Talkative Quiet Irritable
 Depressed

Communication

- Verbal Nonverbal Communication board
 Can make needs known

Sensory Impairments

- Speech Hearing Sight

Appliances Used

- Dentures Hearing aid Glasses
 Brace Prosthesis Supportive device

Bladder Continence

- Continent Incontinent Has Foley Catheter

Bowel Continence

- Continent Incontinent
 Colostomy Usual bowl pattern: *AM* / *PM*
 Problems with constipation Problems with diarrhea

Mobility

- Ambulates independently Requires assistance to ambulate
 Uses: *walker* / *cane* Independent in use of wheelchair
 Travels via wheelchair with assistance Up in chair only
 Turns self in bed Must be turned when in bed
In bed

Please continue on reverse side ⇨

Bathing

- Independent Must be bathed
 Requires assistance Participates in bath

Dressing

- Independent Participates in dressing Must be dressed Chooses clothing
 Needs assistance

Dietary/Diet

- Type of Diet (*specify*): _____
 Feeds self Needs encouragement Needs assistance
 Must be fed by staff Has: *Feeding tube*

Skin Condition

- Normal Edema Broken area
 Bruises Abrasions Skin tears

Psychosocial Status

- Supportive family Many friends
 At ease interacting with others Would enjoy Activities

Safety Concerns

- Wanders Falls
 Tries to leave home Bothers other family members belongings

Comments:
