Gastrointestinal inital assessment days (left) and nights (right)			
Abdomen is soft and non-tender without distension. Bowel sounds are active. No nausea and/or vomiting present. Denies diarrhea or constipation. No feeding tubes and/or ostomies present. WNL ____ Day shift WNL ____ Night shift			
Abdomen	Bowel sounds	Abdomen	Bowel sounds
Fluids/Diet Type	Breakfast % consumed Lunch Supper	Fluids/Snacks	% consumed
Nausea and/or vomiting		Nausea and/or vomiting	
Tube Type and Site	Suction/Feeding	Drainage/Flush	
Tube Type and Site	Suction/Feeding	Drainage/Flush	
Residual amount / Placement confirmation (✓) & Time done		Assess function of suction every two hours.	
Ostomy type	Stoma Care	Ostomy type	Stoma Care
Stoma appearance		Stoma appearance	
Stool color	Consistency	Stool color	Consistency
Incontinent	Guaiac charted in progress notes	Incontinent	Guaiac charted in progress notes

Genitourinary initial assessment days (left) and nights (right)			
Denies any difficulty voiding. No bladder distension. No catheters, drainage tubes, and/or ostomies present. Not on dialysis. Urine clear and yellow without sediment. WNL ____ Day shift WNL ____ Night shift			
Voiding problem		Voiding problem	
Urine color, odor, clarity.		Urine color, odor, clarity.	
On Menstrual Cycle / Genital problem		On Menstrual Cycle / Genital problem	
Ostomy type		Ostomy type	
Stoma appearance		Stoma appearance	
Catheter type		Catheter type	
Site care		Site care	
Dialysis access type and location			
Bruit	Thrill	Bruit	Thrill

Nursing Care Plans	