| رابطة الجامعين /محافظة الخليل | **https://lh7-us.googleusercontent.com/vL0ypsx7qoEanftqKvAb1WNn1bs4sY3Vhq7ViGxlNml9SllETuaofEOAk2IoHqG7F5hOxNQG8glyn9OLnubOLaH3UJOQlxjm8ir2pOS0BKsAlBlZco0BRgPgKuNe3B4Tp7j_PR_nF4-7U85DVObj1A** | **University Graduates Union** |
| --- | --- | --- |
| جامعة بوليتكنك فلسطين | **Palestine Polytechnic University** |
| كلية التمريض | **College of Nursing** |

**Data Collection Sheet/ Case Study 100%**

* **STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **CLINICAL SITE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The reason for choosing this case:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* Biographic Data and history  (10pt):**

Name of patient  (initials): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Age: Hospital**:**                           Department**:** Room**/**bed:

Admission Date:                                                 .

Type of Admission:                                           .

Allergies: FoodDrug  Medication                Unknown             .

Diet patient on**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Informant: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* Medical Diagnosis: (1 pt)**

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**\*\*Chief complaint: Reason for seeking health care (1 pt) :   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*History of present illness: (OPQRST)(2pt)**

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**\*\*Other Current health problems : (1pt)**

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**\*\*Past medical Health History: (1pt)**

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**\*\*Past surgical history: (1pt) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family History : (1pt)**

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**\*\*Psychosocial History (1pt) :**

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**\*\*Environment/culture  (1pt):**

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**\*\*\*      Review of system: Physical assessment(normal and abnormal) (27 pt):**

**\*\*General Appearance (1) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Skin & Nails (1):**

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**\*\*Head (1):**

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**\*\* Neck (1) :**

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**\*\*Hair (1) :**

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**\*\*Eyes (1):**

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**\*\*Ears (1):**

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**\*\*Nose and sinus (1):**

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**\*\*Mouth and pharynx (1):**

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**\*\*Neck and nodes (1) :**

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**\*\*Respiratory system (2):**

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**\*\*Cardiovascular system (2):**

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**\*\*Breast and axillary (1):**

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**\*\*Abdomen (2):**

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**\*\*\*General & Reproductive System :**

**\*\*Male (1):**

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**\*\*Female & Obstetric history (1):**

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**\*\*Rectum& Anus (1):**

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**\*\*Eliminations:**

**\*\* Bowel (1):**

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**\*\*Urinary (1):**

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**\*\*Diet and Nutrient (1):**

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**\*\*Musculoskeletal (2) :**

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**\*\*Neurological (2):**

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**Intravenous therapy given to the patient : (2pt )**

**Note : if currently  off IV  , mention the previous IV.**

| **Type of IVF** | **Amount** | **Frequency** | **Reason for IVF** |
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**Radiology (X-RAYS/CT SCAN/MRI / Ultrasound/ECG/ECHO) (5pt):**

| **Name of diagnostic test** | **Date/Time** | **Indication for diagnostic test** | **Result** | **Treatment** |
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**Laboratory Data(10pts):**

**Note: from each type  lab include the latest.**

| **Test name** | **Date/Time** | **Indication** | **Patient Value** | **Normal Value** | **Rational if Abnormal** | **Treatment for this abnormality** |
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**\*\*Pathophysiology of the disease (In your own words)(4 pts.) :**

**(No more than one page).**

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**Medication   pharmacology (10pts)**

| **Nursing priorities and interventions** | **Side effect of medication****Major 4** | **Rational for administration** | **Medication action****(Therapeutic class)** | **Dose \frequency****\route** | **Generic \trade name Classification** |
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**Nursing Care Plan( 20pts) (5% for each one):**

**Main pt. problem according to the NANDA:**

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4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **1-Pt Problem:** |
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| **Patient Assessment:** |
| **Nursing Dx:** |
| **Short and Long Goal:** |
| **Nursing Interventions** | **Rationale** |
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| **Evaluation of STG & LTG :** |
| **2-Pt Problem:** |
| **Patient Assessment:** |
| **Nursing Dx:** |
| **Short and Long Goal:** |
| **Nursing Interventions** | **Rationale** |
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| **Evaluation of STG & LTG :** |

| **3 –Pt. Problem** |
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| **Patient Assessment:** |
| **Nursing Dx:** |
| **Short and Long Goal:** |
| **Nursing Interventions** | **Rationale** |
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| **Evaluation of STG & LTG :** |

| **4 –Pt. Problem:** |
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| **Patient Assessment:** |
| **Nursing Dx:** |
| **Short and Long Goal:** |
| **Nursing Interventions** | **Rationale** |
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| **Evaluation of STG & LTG :** |

**Teaching and Instructions given to patient during hospitalization related to his disease about diet, exercises, life style, managing stress, medications, comfort and rest…etc. (METHODS) (4pts)**

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**Reflection (5pts) :**

**Write the positive and negative points in dealing with the case , points of your strengths and weaknesses , what could have been done better , what did you learn most.**

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**References (book , journal, website) (2pt):**

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**Organization , tidiness ,neatness , times new roman type (1pt):**

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