ICU Nursing Assessment Checklist

PATIENT INFORMATION

Patient Name		**ID/Room No.**	
Date		**Time**	

GENERAL APPEARANCE

Consciousness Level (GCS)		**Orientation**	
Skin Color		**Temperature**	

VITAL SIGNS

Blood Pressure		**Heart Rate**	
Respiratory Rate		**Oxygen Saturation (%)**	
Temperature (Â°C)		**Pain Score**	

RESPIRATORY ASSESSMENT

Airway		**Breath Sounds**	
Oxygen Therapy		**Mechanical Ventilation**	

CARDIOVASCULAR ASSESSMENT

Heart Sounds		**Edema**	
Capillary Refill		**Perfusion**	

NEUROLOGICAL ASSESSMENT

Pupil Size/Reaction		**Limb Movement**	
Sensation		**Other Findings**	

GASTROINTESTINAL ASSESSMENT

Abdominal Status		**Feeding**	
Bowel Sounds		**Last BM**	

GENITOURINARY ASSESSMENT

Urine Output		**Catheter**	

Color/Clarity		**Other**	

SKIN/IV ASSESSMENT

Skin Integrity		**IV Site**	
Pressure Areas		**Lines/Drains**	

MISCELLANEOUS

Lab Results	
Interventions	
Notes	

NURSE SIGNATURE

Name		**Signature**	