Time-Lapse Assessment

Patient Information	
Name:	Michele Scott
Age:	55
Gender:	Female
Medical Record Number:	539457
Date and Time of Previous Assessment	
Date:	04/26/2028
Time:	10 AM
Date and Time of Current Assessment	
Date:	12/23/2028
Time:	11 AM

Vital Signs	
Blood Pressure:	120/80 mmHg
Heart Rate:	75 bpm
Respiratory Rate:	16 breaths/min
Temperature:	98.6°F
Oxygen Saturation:	98%
Physical Assessment	
General Appearance:	Alert and oriented, normal coloration
Skin Condition:	Intact with no signs of rash or lesions
Head-to-Toe Inspection	
Head and Neck	Normocephalic, no masses or tenderness
Chest and Lungs	Clear breath sounds bilaterally
Cardiovascular System	Regular rate and rhythm, no murmurs
Abdomen	Soft and non-tender, bowel sounds present
Musculoskeletal System	Full range of motion, no deformities
Neurological System	Oriented to time, place, and person

Focused Assessments	
Specify any focused assessments relevant to the patient's condition (e.g., pain assessment, wound assessment).	-Patient reports mild lower back pain (4/10) -No wounds observed during examination
Mental Status	
Level of Consciousness:	Alert and responsive
Orientation (time, place, person):	Oriented to time, place, and person
Mood and Affect:	Calm and cooperative
Patient's Current Health Status	
Any changes or improvements observed since the last assessment:	Patient reports improvement in appetite and energy levels since last visit.
Medications	
Review and document any changes in medication since the last assessment.	No changes in medication reported by the patient.
Patient's Self-Reported Symptoms	
Record any symptoms reported by the patient.	Patient denies any new or worsening symptoms since the last assessment.
Nursing Interventions/Actions Taken Since Last Assessment	
Document any nursing interventions implemented based on the previous assessment.	-Patient education provided on back pain management techniques. -Assisted patient with ambulation and activities of daily living.
Recommendations and Next Steps	
Provide recommendations for the next steps in the patient's care plan.	-Recommend continuation of pain management techniques for lower back pain. -Encourage patient to maintain hydration and regular physical activity.
Follow-Up Plan	
Specify the timing and nature of the next assessment.	Next assessment scheduled in two weeks for routine follow-up and monitoring.

Nurse's Name: Christine Cooper

Signature: Christine Cooper **Date and Time:** 12/23/2028, 11 AM