

University of the Philippines Manila
The Health Sciences Center
COLLEGE OF NURSING
Sotejo Hall, Pedro Gil St., Ermita, Manila

N 121.1 INTENSIVE NURSING EXPERIENCE (HOSPITAL-BASED)
2nd Semester AY2024-2025

NAME OF STUDENT HEAD NURSE: _____ **AREA:** _____ **NUMBER OF PATIENTS:** _____ **DATE:** _____

PATIENT TYPING

LEVEL I: Self care or minimal care (30 minutes) **LEVEL III: Total/intensive care (4 hours)**
LEVEL II: Moderate or intermediate care (1 hour) **LEVEL IV: Complex/Critical Care (8 hours)**

Patient Number		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Indicators of Nursing Care																	
Symptoms	Mild																
	Sub-acute																
	Acute																
	Needs Life Support																
Behavior Pattern	Acceptable																
	Occasional																
	Significant change																
	Pronounced change																
ADL Restriction	None																
	Periodic restricted																
	Generally restricted																
	Strictly restricted																
Psychosocial (instructions)	Little																
	Periodic																
	Frequent																
	Continuous																
Monitoring:	NVS q _____																
	VS q _____																
	CBG q _____																
	I&O q _____																
	Weight																
	Abd. Girth																
O2 Support	Amount/type																
Suctioning	frequency																
Nebulization	frequency																
CPPT	frequency																
Intubated	Mech Vent																
	Ambubagging																
Tracheostomy																	

Patient Number		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Indicators for Nursing Care																	
Feeding	Oral																
	NGT																
	PEG																
	TPN																
IVF	No., frequency																
BT	No., Type																
Medications	Oral (No., Frequency)																
	Topical (No., frequency)																
	IV (No., frequency)																
	SQ																
	Suppository (No., Frequency)																
	Enema (No. Frequency)																
	Irrigation (No., Frequency)																
	Others																
Tube Care	NGT/PEG																
	Trach																
	Chest Tube																
	Nephrostomy																
	Central line/IJ (No.)																
	Peripheral line (No.)																
	AV Fistula																
	Jackson Pratt Foley Catheter																
Wound Care	Operative Site																
	Ostomy Care																
	Pressure Ulcer																
	Burns																
	Others																
Elimination	Colostomy/Ileostomy																
	Straight/foley cath																
	Nephrostomy tube																
	Hemodialysis																
	Peritoneal Dialysis																
	Others																
Mobility	Positioning																
	Turning (frequency)																
	Fall prevention																
	Restrain																

Patient Number		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Indicators of Nursing Care																	
Mobility	Passive ROM																
	Transport/tranfer																
	Cast case																
	Traction Care																
Comfort	Bed bath																
	Tepid Sponge Bath																
	Hair Shampoo																
	Oral care																
	Perineal Care																
	Skin care																
	Massage																
	Linen change																
	Others																
Diagnostic Tests (Specify)																	
Specimen Collection (Specify)																	
Preparation for Procedure (Specify)																	
Psychosocial Care	Familial bonding																
	Therapeutic Communication																
Health Instructions																	
CODE (Duration)																	
Post-Mortem Care																	
Admission																	
Discharge																	
Trans-in																	
Trans-out																	
Mortality																	
Absconded																	
HAMA																	
Patient Typing	Level 1																
	Level 2																
	Level 3																
	Level 4																

Patient Number		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Indicators of Nursing Care																	
Symptoms	Mild																
	Sub-acute																
	Acute																
	Needs Life Support																
Behavior Pattern	Acceptable																
	Occasional																
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Monitoring:	NVS q _____																
	VS q _____																
	CBG q _____																
	I&O q _____																
	Weight																
	Abd. Girth																
O2 Support	Amount/type																
Suctioning	frequency																
Nebulization	frequency																
CPPT	frequency																
Intubated	Mech Vent																
	Ambubagging																
Tracheostomy																	
Feeding	Oral																
	NGT																
	PEG																
	TPN																
IVF	No., frequency																
BT	No., Type																
Medications	Oral (No., Frequency)																
	Topical (No., frequency)																
	IV (No., frequency)																
	SQ																
	Suppository (No., Frequency)																

Patient Number		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Indicators of Nursing Care																	
Medications	Enema (No. Frequency)																
	Irrigation (No., Frequency)																
	Others																
Tube Care	NGT/PEG																
	Trach																
	Chest Tube																
	Nephrostomy																
	Central line/IJ (No.)																
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	Massage																
	Linen change																
	Others																
Diagnostic Tests (Specify)																	

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Mortality																	
Absconded																	
HAMA																	
Patient Typing	Level 1																
	Level 2																
	Level 3																
	Level 4																
Note: TOTAL EACH LEVEL																	

Patient Number		33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
Indicators of Nursing Care																	
Symptoms	Mild																
	Sub-acute																
	Acute																
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O2 Support	Amount/type																
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Tracheostomy																	
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