Print Form

Unusal Behavior Assessment Report



Health Services Mat-Su Borough School District 501 N. Gulkana Palmer, AK 99645 P: (907) 746-9200

Student's Name Accompanied to Health Office by School School Date Time Examined Time Examined Time Examined Time Examined	Student's Name		Date of Birth Grad	e
Medications? Prescription:	Accompanied to Health Office by School	Date	Time Examined	
NURSING ASSESSMENT (OBJECTIVE) - SYMPTOMS OBSERVED: Conscious	History of head injury?	La	ast slept?	
NURSING ASSESSMENT (OBJECTIVE) - SYMPTOMS OBSERVED: Conscious Unconscious WITAL SIGNS B/P P R Temp O2 Sat Calm Vital signs of good quality Depressed Dazed Dazed	Food/drink What and when:OTC:		Medications? Prescription:	
MOTIONS B/P	NURSING ASSESSMENT (OBJECTIV	/E) - SYMPTON	AS OBSERVED:	
B/P P R Temp O2 Sat Calm		_	EMOTIONS	
Vital signs of good quality		O2 Sat		
Vital signs of irregular Quality			□ Callii	
EYES			·	
Unusual eye movement	vital signs of irregular quality			
Bloodshot	EYES			
Pupils reactive to light	☐ Unusual eye movement		\square Aggressive	
Pupils non-reactive to light	☐ Bloodshot		\square Quick Tempered	
Pupils non-reactive to light	☐ Pupils reactive to light		☐ Quarrelsome	
Enlarged pupils			☐ Awareness & Percep	otion Altered
Pinpoint pupils			☐ Violent	
Hallucinations Laughing/ Giggling			☐ Auditory Hallucinati	ons Visual
Giggling Godor of Alcoholic Beverages Camouflaged Breath Camouflaged Breath Cooks: Camouflaged Breath Cooks: Coorpination Coorpination Coorpination Coorpination Coorpination Coorpination Coorpination Coorpination Coorpination Clean Clean	, , ,			
Cool/ Clammy Warm/dry Warm/				5.
Visible injection sites? BREATH Odorless Odor of Alcoholic Beverages Odor of Alcoholic			_ 33 3	
SPEECH	<u> </u>			
Odorless Odor of Alcoholic Beverages Camouflaged Breath Other	☐ Visible injection sites?		RRFATH	
Odor of Alcoholic Beverages Camouflaged Breath Other				
Camouflaged Breath Other Coherent Coherent Coherent Coherent Coherent Coherent Chooks: Cooks: Cook				woragos
Sturred	SPEECH			
Rapid Coherent Incoherent PHYSICAL APPERANCE/CLOTHING/HAIR	☐ Slurred			! !
Incoherent			□ Other	
COORDINATION			DUVSTCAL ADDEDANCE /	CLOTHING / HATD
COORDINATION □ Loss of Balance □ Staggering □ Slow reflexes □ Balance: Steady □ Unsteady □ Unsteady □ Clean □ Clean □ Unclean □ Clean □ Clean □ Unclean □ Clean □ Unclean □ Clean □ Clean □ Unclean □ Clean □ Unclean □ Clean □ Unclean □ Clean □ Unclean □ Unclean □ Clean	☐ Incoherent			CLOTHING/ HAIK
COORDINATION □Loss of Balance □Staggering □Slow reflexes □Balance: Steady □Unsteady □Unsteady □Clean □Cle				Odor?
Loss of Balance	COORDINATION			
Staggering	□ □ oss of Balance			
Slow reflexes Hands: No Yes □ Balance: Steady □ Unsteady □ Unclean OTHER PHYSICAL FINDINGS Unclean Walks a straight line: Normal □ THOUGHT PROCESS Impaired □ Remains Focused Wandering Wandering Impaired □ Paranoia Touching Toes: Normal □ Impaired □ School Nurse			□ Clean	
Balance: Steady Unsteady Clean Clean Unclean			Unclean	
Clean		П	☐ Hands:	
OTHER PHYSICAL FINDINGS Walks a straight line: Normal THOUGHT PROCESS Impaired Remains Focused Wandering Wandering Impaired Paranoia Delusion Hallucinations Date Phone School Nurse	Balance: Steady Onsteady	ш	☐ Clean	
Walks a straight line: Normal THOUGHT PROCESS Impaired Remains Focused Wandering Wandering Paranoia Delusion Hallucinations Date Phone School Nurse School Nurse Delusion Del	OTHER PHYSICAL FINDINGS		Unclean	
Finger to Nose: Normal				
Finger to Nose: Normal			<u> </u>	
Touching Toes: Impaired Paranoia Paranoia Delusion Hallucinations Date Phone School Nurse	· · · · · · · · · · · · · · · · · · ·			
Touching Toes: Normal Delusion Delusion Hallucinations Date Phone School Nurse	-			
Impaired	· · · · · · · · · · · · · · · · · · ·			
Date Phone School Nurse	_		<u>—</u>	
	тиринеа 🔲		☐ Hallucinations	
Date Phone School Principal	Date Phone		School Nurse	
	Date Phone		School Principal	

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Student's Name		Date	
NURSING ASSESSMENT (SUBJECTIVE) -	- STUDENT STATEMENT	·S:	
DISPOSITION:			
Return to Class Parent/Guardian informed Administrative referral Excused to home with parent/guardian Social worker referral Counselor referral Other agency referral	Comment: Comment: Comment: Comment: Comment: Comment: Comment:		
ADDITIONAL COMMENTS - FOLLOW-UP:			
Date Ph	one	School Nurse Signature	
Date Pho	 ne	Principal Signature	