

Name _____

Community Health Clinical Judgment Map

Date _____

Assessments

- 1.
- 2.
- 3.

Risk Factors/Health Promotion/Disease/
Illness Prevention/Risk Reduction (Health
Promotion & Maintenance/Reduction of
Risk Potential)

- 1.
- 2.
- 3.

Psychosocial Concerns (Psychosocial Integrity)

- 1.
- 2.
- 3.

Culture/Beliefs/Spirituality

- 1.
- 2.
- 3.

Community Assessment (Management of Care)

Windshield Survey

Shoe-Leather survey

Resource Identification

SAFETY ISSUES/Fall risk, infection risk, home
characteristics, durable equipment and technology
(Safety & Infection Control)

Potential & actual complications of illness and lifestyle
Social Determinants of health/Surveillance

(Physiological Adaptation/Reduction of Risk Potential)

- 1.
- 2.
- 3.

Nursing Interventions (Basic Care & Comfort/ Safety & Infection Control)

- 1.
- 2.
- 3.

Medications (Pharmacological & Parenteral
Therapies) Medication Reconciliation

- 1.
- 2.
- 3.

Patient /Family Teaching /Counseling/
Self-Management (Health Promotion &
Maintenance/Safety & Infection Control/
Management of Care)

- 1.
- 2.
- 3.