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Subjective and objective data

Core Nursing Essentials Core Clinical Concepts

Subjective information is reported by the person; objective information is observed or measured. Record a patient's pain description separately from measured vital signs.

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Introduction & key concepts

Subjective information is reported by the person; objective information is observed or measured. Record a patient's pain description separately from measured vital signs.

Nursing responsibilities

- Check identity, consent, the relevant observations and the purpose of the assessment.
- Record the finding, context and response using the approved clinical record.
- Escalate uncertainty or deterioration to the responsible professional; do not use a study note as a standing treatment order.

Clinical example & examination focus

In a viva, explain subjective and objective data in your own words, identify the observations needed and state a limitation. Compare the finding with the patient's baseline rather than assuming one number or label gives a diagnosis.

Quick Revision

Subjective information is reported by the person; objective information is observed or measured. Record a patient's pain description separately from measured vital signs.

Frequently asked question

Can this summary replace practical training?

No. Use your prescribed learning material and the institution's current protocol with qualified supervision.

References & review status

- Open RN - Nursing Process (https://wtcs.pressbooks.pub/nursingfundamentals/chapter/4-3-assessment/) - Nursing Fundamentals 2e, 2024. Original concise explanation of assessment, ADPIE and documentation concepts; no reproduced checklist.

Sources checked for the stated scope on 26 November 2026. Original study synthesis; independent clinical review is not claimed. Source attribution is not a copyright-clearance certificate.

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