

Student Name: _____

Date: _____

IM1 Patient Physical Assessment Narrative - Scenario # _____

PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS:

Complete using assessment check list and reminders below.

GENERAL INFORMATION (Time of assessment, admit diagnosis, general appearance)

Neurological/Sensory (LOC, sensation, strength, coordination, speech, pupil assessment)

Comfort level: Pain rates at _____ **(0-10 scale) Location:** _____

Psychological/Social (affect, interaction with family, friends, staff)

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) _____

Respiratory (chest configuration, breath sounds, rate, rhythm, depth, pattern)

Cardiovascular (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)

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Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) _____

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) _____

Urine output (last 24 hours) _____ **LMP (if applicable)** _____

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities)

Skin (skin color, temp, texture, turgor, integrity)

Wounds/Dressings

Other
