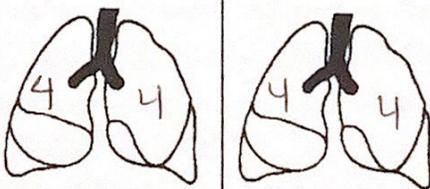


PERIPHERAL VASCULAR	NEUROLOGY/PSYCHOSOCIAL	CARDIOVASCULAR
3+ Bounding unable to occlude 2+ Strong able to occlude 1+ Weak palpable 0-Non palpable Extremities: <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool Calf Tenderness/Swelling <input type="checkbox"/> R <input type="checkbox"/> L Ted Hose <input type="checkbox"/> Y <input type="checkbox"/> N SCDs <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Plexipulses Capillary Refill: _____ Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input type="checkbox"/> N Pulses: Radial R <u>2+</u> L <u>2+</u> Pedal R <u>1+</u> L <u>1+</u> Post. Tib. R _____ L _____ Comments: <u>apical + radial pulse are regular bilat. pedal pulse is faint capillary refill in fingers & toes. DTRs</u>	Family at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Sedated <input type="checkbox"/> Drowsy Cough Reflex <input type="checkbox"/> Y <input type="checkbox"/> N Follows Simple Commands: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Gag <input type="checkbox"/> Y <input type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N=None) Grips: Rt <u>W</u> Lt <u>W</u> Pushes: Rt <u>W</u> Lt <u>W</u> Comments: <u>PT HOB + USES HEAR AIDS</u> Response to Questions: <input type="checkbox"/> Readily <input type="checkbox"/> Slowly <input type="checkbox"/> None <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Withdrawn <input type="checkbox"/> Friendly <input type="checkbox"/> Restless <input type="checkbox"/> Appro. for age <input checked="" type="checkbox"/> Hostile/Angry <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Concerned Facial expressions: <input type="checkbox"/> Flat <input type="checkbox"/> Responsive <input type="checkbox"/> Grimace <input type="checkbox"/> Seizure Precaution <input type="checkbox"/> Sedation Vacation Done for PT is DISORIENT Neuro Assessment Comments: <u>agitated, combative, angry</u>	Edema: <input checked="" type="checkbox"/> Generalized <input type="checkbox"/> Dependent Pitting: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N 0+ 1+ 2+ 3+ Skin Turgor: <u>WNL</u> <input type="checkbox"/> Y <input type="checkbox"/> N <u><3sec</u> Abnormal Heart Sounds <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Murmur <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> PPM Site: _____ Rhythm: _____
GASTROINTESTINAL	SKELETAL	PACER SETTINGS
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent Stool Color: _____ Consistency: _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Guarding Bowel Sounds: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent X4 Quadrants Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHT R or L Comments: <u>PT IS NON-tender in abd., bound in appearance</u>	Moves Extremities: <input checked="" type="checkbox"/> All <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Stiffness <input type="checkbox"/> Tenderness <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation _____ Gait <input type="checkbox"/> Steady <input checked="" type="checkbox"/> Unsteady Comments: <u>PT needs assist x1, walker is used</u>	<input type="checkbox"/> None Rate _____ MA: A _____ V _____ Sensitivity _____ Mode _____ Transvenous @ _____ cm Site _____ <input type="checkbox"/> Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular
GENITOURINARY	EYES, EARS, NOSE, THROAT	INCISIONS/WOUNDS/DRAINS
Urine: <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input checked="" type="checkbox"/> Voids <input type="checkbox"/> Foley Size _____ Fr Insertion Date _____ <input type="checkbox"/> Urostomy <input type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: <u>urine red/wine in color, pt bladder soft, safe sex;</u>	Sclera: <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red Scleral Edema: <input type="checkbox"/> Y <input type="checkbox"/> N Sore Throat: <input type="checkbox"/> Y <input type="checkbox"/> N Nasal Drainage: <input type="checkbox"/> Y <input type="checkbox"/> N Comments: <u>PT mucous membrane coated & dry; PT eyes IRRITATED</u>	<input type="checkbox"/> None #1 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ Comments: _____ #2 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ Comments: _____ #3 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ Comments: _____ #4 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ Comments: _____
ARTERIAL AND VENOUS SITES	PULMONARY	CHEST TUBES
A - Without Redness or Swelling B-Redness C-Swelling D-Dressing <input type="checkbox"/> Jugular <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> PICC <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input checked="" type="checkbox"/> Peripheral <input checked="" type="checkbox"/> R <input type="checkbox"/> L <u>AD</u> Start: <u>10/3/20</u> <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> PA @ _____ cm <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ Hemodialysis Access Location _____ <input type="checkbox"/> Graft <input type="checkbox"/> AV Fistula <input type="checkbox"/> Thrill <input type="checkbox"/> Bruit	Respirations: <input type="checkbox"/> No Distress <input type="checkbox"/> SOB <input checked="" type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input checked="" type="checkbox"/> Tachypnea <input type="checkbox"/> RA O2: <u>2L</u> <input type="checkbox"/> NC <input type="checkbox"/> Venti Mask <input type="checkbox"/> Trach Collar <input type="checkbox"/> Non rebreather <input type="checkbox"/> T-Piece <input type="checkbox"/> Ventilator: <input type="checkbox"/> BiPAP/CPAP # _____ ETT @ _____ cm # _____ Shiley Trach BVM at bedside <input type="checkbox"/> Y <input type="checkbox"/> N Obturator at bedside <input type="checkbox"/> Y <input type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input type="checkbox"/> None Secretions: Color _____ Consistency _____ Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: <u>PT SHOWS IRREG. RESP. w/ even thorax expansion</u>	<input type="checkbox"/> None #1 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ <input type="checkbox"/> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #2 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ <input type="checkbox"/> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #3 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ <input type="checkbox"/> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____
SKIN ASSESSMENT	LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub	
<input type="checkbox"/> Skin Intact Skin assessment codes: 1. Abrasions 2. Decubitis 3. Bruises 4. Incision 5. Redness 6. Edema 7. Rash 8. Lacerations 9. Petechiae 10. Hematoma 11. Blister 12. Stoma 13. Sutures 14. Staples 15. Other: _____ Skin Color normal for patient <input type="checkbox"/> <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Shiny <input type="checkbox"/> Clammy <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic Braden Scale Score _____ <input type="checkbox"/> If Braden Scale \leq 18 initiate Skin Care Protocol Comments: <u>PT SKIN WARM, HAIR DRY + FLAKY</u>		
<input checked="" type="checkbox"/> Initial Assessment <input type="checkbox"/> See Narrative for Additional information Signature: <u>Quinn Griffith</u> Date: <u>10/3/2020</u> Time: _____ <input type="checkbox"/> No Changes to initial assessment <input type="checkbox"/> See Narrative for _____ Signature: _____ Date: _____ Time: _____ <input type="checkbox"/> No Changes to previous assessment <input type="checkbox"/> See Narrative for _____ Signature: _____ Date: _____ Time: _____		

COVENANT SCHOOL OF NURSING STUDENT DOCUMENTATION

DAILY ASSESSMENT

Ertha Williams - Room 1816
Dr. Joan Rivers

VS taken 0600
Temp 98°F, BP 135/88, HR 12, O2 88%, RR 24

Student Name: _____

Date: _____

Patient Physical Assessment Narrative

PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS: (Complete using assessment check list and reminders below).

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

Ertha Williams, 74 y/o Female admitted October 30 @ 1030 to 1816. Pt was admitted with increased confusion, onset + combativeness. Pt is awake, crying, fearful, anxious + agitated.

Neurological-sensory (LOC, sensation, strength, coordination, speech, pupil assessment)

Pt is awake but disoriented + confused. She is struggling with memory + conversation, but will respond to name. Pt eyes are PERRLA.

Comfort level: Pain rates at 5 (0-10 scale) Location: _____

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

Pt family is not present @ bedside. Pt is being combative + agitated to staff r/t confusion + anxiousness.

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

Pt face is symmetrical + her eyes are PERRLA. Pt complains of being hard of hearing + wears hearing aids. Her mucous membranes are coated + dry.

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

The pt is on 2L NC with a RR of 28 + O₂ sat of 91%. She shows signs of labored + irregular breathing. Pt lung sounds are decreased bilaterally @ inspiration + expiration. Pt has even expansion of thorax. Pt is not a current smoker.

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

Pt has normal S₁ + S₂ X 4. Her apical pulse is regular, radial pulse is regular, + pedal pulse is faint (each bilaterally). Pt capillary refill is brisk in fingers + slow in toes bilaterally. Pt has history of hypertension.

Student Name: _____

Date: _____

IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Upon assessment, pt abdomen appears round + feels soft during palpation. Pt bs are active x4 quadrants - Pt is non-tender x4 quadrants. Pt is on regular diet. Last BM Yesterday

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Pt voids + urine appears cloudy, ~~amber~~ ^{red/wine} colored with sediment present. Pt bladder is soft upon palpation. Pt is sexually active + uses safe sex. Pt has a history of frequent UTI.

Urine output (last 24 hrs) _____ LMP (if applicable) _____

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) Pt has an unsteady gait, therefore requires assist x1 and with use of a walker. Pt has no amputations. Her hand grips are weak bilaterally + her upper + lower extremities are weak bilaterally. Pt is at risk for falling, in which two bed rails are raised, bed is down, call light is in reach + room is properly lit + AM/PM. Pt skin is warm in temperature. Generalized edema is present + is non-pitting.

Wounds/Dressings

No wounds are present @ assessment. The pt has a peripheral IV in Rt hand that appears clean + patent. IR is running @ 50 mL/hr.

Other