

Student Name: Naureen Doctolero

Date: 11-4-2020

### 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)

Assessed 1000. Admitting diagnosis chronic anemia.  
39 y/o female. Patient neat and clean appearance. No family  
at bedside.

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

Alert and oriented. Pupil 3 mm equal, round reactive to light (PERRL).  
Move all extremities on command. Hand grasp to wiggle (HGTW) equal  
and strong bilaterally. Speak English clearly.

**Comfort level: Pain rates at** 4 **(0-10 scale) Location:** left thigh

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

Responsive facial expression. Anxious and concerned.

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

Sclera clear and white without drainage. Ears symmetrical.  
Oral mucosa moist and intact. Neck supple, full range of motion.

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

Respiration 16, even and unlabored. Chest symmetrical. Breath  
sounds clear to auscultation. Breathing room air. O<sub>2</sub> sat.  
on room air (RA) 94%.

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

Regular rate and rhythm. Heart sound audible without  
murmur noted. BP 140/70, Apical rate 84, radial pulses 2+  
bilaterally. Pedal pulses 2+ bilaterally, no edema noted. Capillary  
refill < 3 seconds.

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### IM1 Patient Physical Assessment Narrative

**Gastrointestinal** (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Abdomen flat, soft. Hypoactive bowel sounds x 4 quadrants.  
States soft, formed brown stool.

**Last BM** 11-1-2020

**Genitourinary-Reproductive** (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) voids clear, yellow urine. Denies odor,  
discharge OR pain.

**Urine output** (last 24 hrs) \_\_\_\_\_ **LMP** (if applicable) 10-16-2020

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

Weak, ambulate with assistance.

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

skin warm, dry and intact. Color appropriate to race.  
Turgor elastic.

**Wounds/Dressings**

N/A

**Other**

N/A



Student Name: Noureen Dastgeera

Unit: S8

Pt. Initials: CP

Date: 11-4-2020

Adult/Geriatric Critical Thinking Worksheet

<p><b>1. Disease Process &amp; Brief Pathophysiology-</b> Anemia is a low of red blood cells, which carry oxygen throughout the body. Lack of iron is one of the most common causes. The body needs iron to make hemoglobin, a substance in RBC that carries O<sub>2</sub> from the lungs to body's cells. Without enough iron, the body produces fewer and smaller RBC. As a result, the body's cells do not get enough O<sub>2</sub> and you feel tired and weak. And you may have trouble concentrating. Bleeding is the most common cause of iron. A lack of iron in diet also cause anemia.</p>	<p><b>2. Factors for the Development of the Disease/Acute Illness-</b> intestinal surgery ulcers heavy menstrual bleeding → (P) vegetarian hemorrhoids</p>	<p><b>3. Signs and Symptoms-</b> Fatigue weakness dizziness loss of appetite</p>
<p><b>4. Diagnostic Tests pertinent or confirming of diagnosis-</b> Physical Examination (P) Pelvic ultrasound (P)</p>	<p><b>5. Lab Values that may be affected-</b> MCV &lt; 80 (P) HGB (P) HCT (P) RDW (P)</p>	<p><b>6. Current Treatment-</b> IV Fluids (P) PRBC (P)</p>

<p><b>7. Focused Nursing Diagnosis:</b></p> <p>Activity intolerance</p>	<p><b>11. Nursing Interventions related to the Nursing Diagnosis in #7:</b></p> <ol style="list-style-type: none"> <li>1. Provide and recommend assistance with activities or ambulation as necessary, allowing patient to do as much as possible.</li> </ol> <p><b>Evidenced Based Practice:</b></p> <p>Self esteem is enhanced when patient does something for self.</p> <ol style="list-style-type: none"> <li>2. Implement energy saving technique like sitting while doing a task.</li> </ol>	<p><b>12. Patient Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Educate the patient and family regarding foods rich in iron (organ and other meat, leafy green vegetables, beans) and increase Fe absorption.</li> </ol> <p>Stress the importance of frequent rest period.</p> <ol style="list-style-type: none"> <li>3. Educate energy conservation technique.</li> </ol>
<p><b>8. Related to (r/t):</b></p> <p>related to decreased blood supply and low hemoglobin level.</p>	<p><b>Evidenced Based Practice:</b></p> <p>Helps prevent fatigue as patient encourage to do as much as possible while conserving limited energy.</p> <ol style="list-style-type: none"> <li>3. Plan activity progression with patient, including activities that the patient views essential. Increase levels of activities as tolerated.</li> </ol> <p><b>Evidenced Based Practice:</b></p> <p>Promotes gradual return to normal activity level and improve muscle tone or stamina without undue fatigue.</p>	<p><b>13. Discharge Planning/Community Resources:</b></p> <ol style="list-style-type: none"> <li>1. Follow-up. Stress the need for regular medical and laboratory follow-up to evaluate disease progression and response to therapies.</li> <li>2. Iron supplements. Enforce strict compliance in taking iron supplements as prescribed by physician.</li> <li>3. Instruct patient to consume iron rich foods to help build up hemoglobin stores.</li> </ol>
<p><b>9. As evidenced by (aeb):</b></p> <p>as evidenced by Fatigue, weakness and dizziness.</p>	<p><b>10. Desired patient outcome:</b></p> <p>Client will verbalize reduction of fatigue as evidenced by reports of increased energy and ability to perform desired activities by 11/6/2020.</p>	