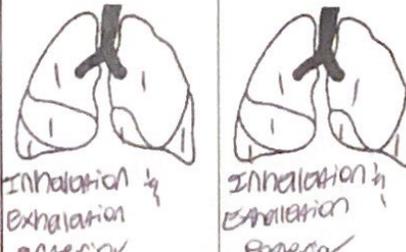


76

PERIPHERAL VASCULAR	NEUROLOGY/PSYCHOSOCIAL	CARDIOVASCULAR
3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable Extremities: <input checked="" 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 checked="" type="checkbox"/> N SCDs <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Plexipulses Capillary Refill: <u>23</u> Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pulses: Radial R <u>+2</u> L <u>+2</u> Pedal R <u>+2</u> L <u>+2</u> Post. Tib. R <u> </u> L <u> </u> Comments: <u> </u>	Family at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Sedated <input type="checkbox"/> Drowsy Cough Reflex <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Follows Simple Commands: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Gag <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N-None) Grips: Rt. <u>5</u> Lt. <u>5</u> Pushes: Rt. <u>6</u> Lt. <u>5</u> Comments: <u> </u> Response to Questions: <input checked="" type="checkbox"/> Readily <input type="checkbox"/> Slowly <input type="checkbox"/> None <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Friendly <input type="checkbox"/> Restless <input type="checkbox"/> Appro. for age <input type="checkbox"/> Hostile/Angry <input 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 Neuro Assessment Comments: <u> </u>	Edema: <input type="checkbox"/> Generalized <input type="checkbox"/> Dependent Pitting: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Skin Turgor WNL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Abnormal Heart Sounds <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Murmur <input type="checkbox"/> Y <input checked="" type="checkbox"/> N PPM Site: <u> </u> Rhythm: <u> </u>
GASTROINTESTINAL	SKELETAL	PACER SETTINGS
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent Stool Color <u> </u> Consistency <u> </u> Abdomen: <input type="checkbox"/> Soft <input checked="" 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 <input checked="" type="checkbox"/> All Quadrants Appetite: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHT R or L Comments: <u> </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 checked="" 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 <u> </u> Gait: <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady Comments: <u>Caema bilateral lower extremities</u>	<input checked="" type="checkbox"/> None Rate <u> </u> MA: A <u> </u> V <u> </u> Sensitivity <u> </u> Mode <u> </u> Transvenous @ <u> </u> cm Site <u> </u> Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular
GENITOURINARY	EYES, EARS, NOSE, THROAT	INCISIONS/WOUNDS/DRAINS
Urine: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input type="checkbox"/> Voids <input type="checkbox"/> Foley Size <u> </u> Fr Insertion Date <u> </u> <input checked="" type="checkbox"/> Urinary <input type="checkbox"/> IIR <input type="checkbox"/> IIR/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: <u> </u>	Sclera: <input checked="" type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red Scleral Edema: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Sore Throat: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Nasal Drainage: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Comments: <u> </u>	<input type="checkbox"/> None #1 Location: <u>ICA 4h:9h</u> <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 <u> </u> <input type="checkbox"/> Open to Air <input checked="" type="checkbox"/> Dressings <u> </u> <input type="checkbox"/> Comments <u> </u> #2 Location: <u>right 6h:40x</u> <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 <u> </u> <input type="checkbox"/> Open to Air <input checked="" type="checkbox"/> Dressings <u> </u> <input type="checkbox"/> Comments <u> </u> #3 Location: <u> </u> <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 <u> </u> <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <u> </u> <input type="checkbox"/> Comments <u> </u> #4 Location: <u> </u> <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 <u> </u> <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <u> </u> <input type="checkbox"/> Comments <u> </u>
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: <u> </u> <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input checked="" type="checkbox"/> PICC <input checked="" type="checkbox"/> R <input type="checkbox"/> L <u>AD</u> Start: <u>10/24/20</u> <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> PA @ <u> </u> cm <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> 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 checked="" type="checkbox"/> SOB <input type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input type="checkbox"/> Tachypnea <input checked="" type="checkbox"/> RA O2: <u> </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 # <u> </u> ETT @ <u> </u> cm # <u> </u> Shiley Trach BVM at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Obturator at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input checked="" type="checkbox"/> None Secretions: Color <u> </u> Consistency <u> </u> Amt: <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: <u> </u>	<input checked="" 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 <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: <u> </u> #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 <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: <u> </u> #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 <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: <u> </u>
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. Decubitus 3. Bruises 4. Incision 5. Redness 6. Edema 7. Rash 8. Lacerations 9. Petechiae 10. Hematoma 11. Blister 12. Stoma 13. Sinus 14. Staples 15. Other: Skin Care: <u> </u> manual for patient <input checked="" type="checkbox"/> <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Shiny <input type="checkbox"/> Charney <input type="checkbox"/> Cool <input type="checkbox"/> Dispersible Braden Scale Score: <u>10</u> <input type="checkbox"/> II Braden Scale <u> </u> <input type="checkbox"/> III Skin Care Protocol Comments: <u> </u>		

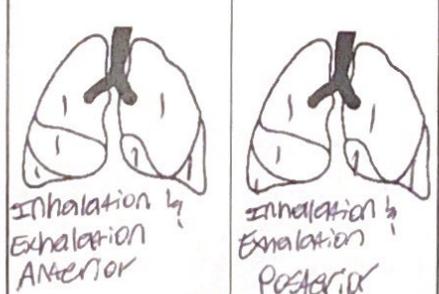
Initial Assessment See Narrative for Additional Information Signature: [Signature] Date: 11/4/20 Time: 0807
 No Changes to initial assessment See Narrative for Signature Date: Time:
 No Changes to previous assessment See Narrative for Signature Date: Time:

COVENANT SCHOOL OF NURSING STUDENT DOCUMENTATION

DAILY ASSESSMENT

44-3333

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PERIPHERAL VASCULAR	NEUROLOGY/PSYCHOSOCIAL	CARDIOVASCULAR
3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable Extremities: <input checked="" 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 checked="" type="checkbox"/> N SCDs <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Plexipulses Capillary Refill: <u>23</u> Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pulses: Radial R <u>+2</u> L <u>+2</u> Pedal R <u>+2</u> L <u>+2</u> Post. Tib. R _____ L _____ Comments: _____	Family at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Alert <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N Gag <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N-None) Grips: Rt. <u>5</u> Lt. <u>5</u> Pushes: Rt. <u>5</u> Lt. <u>5</u> Comments: _____ Response to Questions: <input checked="" type="checkbox"/> Readily <input type="checkbox"/> Slowly <input type="checkbox"/> None <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Restless <input type="checkbox"/> Appro. for age <input type="checkbox"/> Hostile/Angry <input 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 Neuro Assessment Comments: _____	Edema: <input type="checkbox"/> Generalized <input type="checkbox"/> Dependent Pitting: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Skin Turgor WNL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Abnormal Heart Sounds <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Murmur <input type="checkbox"/> Y <input checked="" 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 <input checked="" type="checkbox"/> X <u>4</u> Quadrants Appetite: <input checked="" 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: _____	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 checked="" type="checkbox"/> Steady <input type="checkbox"/> Unsteady Comments: _____	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input type="checkbox"/> Voids <input type="checkbox"/> Foley Size _____ Fr Insertion Date _____ <input type="checkbox"/> Urostomy <input checked="" type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: _____	Sclera: <input checked="" type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red Scleral Edema: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Sore Throat: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Nasal Drainage: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Comments: _____	<input type="checkbox"/> None #1 Location: <u>left lateral foot</u> <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 _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> Comments _____
ARTERIAL AND VEIN 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 type="checkbox"/> R <input type="checkbox"/> L <u>AD</u> Start: <u>10/2/10</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 checked="" type="checkbox"/> No Distress <input type="checkbox"/> SOB <input type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input type="checkbox"/> Tachypnea <input checked="" type="checkbox"/> RA O2: _____ <input type="checkbox"/> NC <input type="checkbox"/> Ventri 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 <input type="checkbox"/> BVM at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Obturator at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input checked="" type="checkbox"/> None Secretions: Color _____ Consistency _____ Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: _____	<input checked="" 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 _____ 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 _____ 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 _____ 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. Erythema 11. Blister 12. Stoma 13. Sutures 14. Staph 15. Other _____ <input type="checkbox"/> Status _____ normal for patient <input checked="" type="checkbox"/> X <input type="checkbox"/> Itch <input type="checkbox"/> Chapped <input type="checkbox"/> Itchy <input type="checkbox"/> Taut <input type="checkbox"/> Clammy <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Braden Scale Score: <u>23</u> <input type="checkbox"/> II Braden Scale is 18 (Pressure) Skin Care Protocol _____ Comments: _____		
<input checked="" type="checkbox"/> Initial Assessment <input checked="" type="checkbox"/> See Narrative for Additional information Signature: _____ Date: <u>11-4-10</u> Time: <u>0900</u> <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: _____		

Student Name: Brandon Thomas

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)

PT was assessed at 0802 on 11/4/20 after admitted for left thigh and right buttocks abscess. PT seemed alert and oriented but very quiet.

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

PT was alert and oriented x4, was able to feel sharp and soft sensations on all four extremities and trunk. PT had strong pushes and pulls in upper extremities and weak ones in lower extremities. Patents pupils were equal and reactive, no sne was well coordinated and able to hold a conversation.

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

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

PT was able to carry a conversation with staff, very soft quiet voice. No friends or family at bedside. PT seemed sad and withdrawn.

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

PT trachea is symmetrical, no drainage of eyes, ears, nose, throat, or mouth noted. Teeth were yellow with large gaps in between. Lymph nodes were not swollen. ~~PT~~ PT had generalized edema of the lower extremities.

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

PT had no chest asymmetries, breath sounds were clear to auscultation. PT breathing was deep and bradypneic at 11 respirations a minute. Breaths were at a steady rhythm and pattern.

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

S₁ and S₂ audible to auscultation at an apical site at steady rhythm and pattern and a rate of 100 BPM. Radial pulses strong at 2⁺ and 100 BPM. Pedal pulses strong at 2⁺.

Student Name: Brandon Thomas

Date: 11/17/20

IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) PT's last bowel movement was 11/3/20 in the late afternoon. No LAs of bruises on the abdomen and no tenderness reported on palpation. Bowel sounds active x4.
Last BM 11/3

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) PT states she urinates 4-5 times per day with no urgency, pain, bleeding or discharge. Urine is clear, yellow and odor free. PT is on her period and bleeding excessively due to menorrhagia.

N/A Urine output (last 24 hrs) N/A LMP (if applicable) 11/4/10

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

All extremities are in alignment. PT exhibits a slumped posture. Ambulation is achieved with standby assist with minimal mobility limitations and a steady gait. PT moves all extremities and has no deformities.

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

Skin color was adequate for ethnicity, standard for ethnicity. Skin was warm, and dry with some flaking. Skin surgery showed no signs of tenting. Skin was intact except for the two wounds.

Wounds/Dressings

First wound was on left thigh medial thigh with packed Wound dry dressing. Second wound was on right buttocks with an island dressing.

Other

Student Name: Brendon Thomas

Unit: SB

Pt. Initials: CP

Date: 11/4/20

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
glimepiride	hypoglycemic	increase insulin production	PO 1mg BID	<input checked="" type="radio"/> Y <input type="radio"/> N	N/A	HA hypoglycemia	<ol style="list-style-type: none"> 1. May cause dizziness call for help 2. admin 30 minutes before breakfast 3. take at the same time everyday 4. avoid alcohol while taking
labetalol	alpha/beta adrenergic blocker	lower blood pressure	PO 150mg BID	<input checked="" type="radio"/> Y <input type="radio"/> N	N/A	Bradycardia hypotension	<ol style="list-style-type: none"> 1. obtain BP before admin. 2. May cause dizziness call for help 3. take with meals to avoid hypoglycemia 4. masks s/s of hypoglycemia
metformin	hypoglycemic	decrease glucose production	PO 1000mg BID	<input checked="" type="radio"/> Y <input type="radio"/> N	N/A	Diarrhea	<ol style="list-style-type: none"> 1. take with meals 2. avoid alcohol 3. Don't give if ccr is below 30 4. report s/s of lactic acidosis
enoxaparin	anticoagulant	prevent DVT and pulmonary embolism	SUB-Q 40mg Daily	<input checked="" type="radio"/> Y <input type="radio"/> N	N/A	anemia hemorrhage	<ol style="list-style-type: none"> 1. admin laying down 2. report unusual bleeding 3. do not rub site 4. Monitor Platelet Count
amoxicillin clavulanate	antibiotic	prevent infection infection	PO 675mg QID	<input checked="" type="radio"/> Y <input type="radio"/> N	N/A	Severe diarrhea	<ol style="list-style-type: none"> 1. report severe diarrhea 2. take with meals 3. report severe urine decrease 4. report yellowing of skin

Student Name: Brendon Thomas

Unit: 58

Pt. Initials: CP

Date: 11/4/20

Adult/Geriatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Allergies: NKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP - List solution to dilute and rate to push. IVPB - List mL/hr and time to give	Adverse Effects	Appropriate Nursing Assessment, Teaching, Intervention (Precautions/Contraindications, Etc.)
Lasix furosemide	ACE Inhibitor	lower blood pressure	PO 40mg Daily	Y N	N/A	Orthostatic hypotension	<ol style="list-style-type: none"> 1. Report persistent cough 2. avoid sudden position change 3. avoid alcohol while taking 4. obtain BP 15 minutes prior
Lasix glargine	antidiabetic long acting insulin	treatment of diabetes	Sub-Q 40 units HS	Y N	N/A	hypoglycemia	<ol style="list-style-type: none"> 1. teach S/S of hypoglycemia 2. admin at same time every day 3. never mix with other insulin 4. check BG within 30 minutes
Morphine	op.oid	Pain relief	IVP 4mg/ml PRN q4h	Y N	NO Dilution IVP 2-4 minutes	itching	<ol style="list-style-type: none"> 1. focused resp. & neuro assessment 2. may cause dizziness can't help 3. report constipation 4. DO NOT D/C Abruptly
				Y N			<ol style="list-style-type: none"> 1. 2. 3. 4.
				Y N			<ol style="list-style-type: none"> 1. 2. 3. 4.

Micromedex

Diagnostic Worksheet

10/28 11/4

Mark high / low values with (↑ or ↓)		Covenant Normal Values	Dates		Mark high / low values with (↑ or ↓)		Covenant Normal Values	Dates		
		<small>*Diagnostic values vary from laboratory to laboratory.</small>	Admit day	Most Recent			<small>*Diagnostic values vary from laboratory to laboratory.</small>	Admit day	Most Recent	
CBC	WBC	3.6-10.8 k/uL	11.45	7.35	UA	Sp Gravity				
	HGB	14-18 g/dL	7.1	6.7		Protein				
	HCT	42% - 52%	26.2	30.3		Glucose				
	RBC	4.7-6.1 m/uL	4.5	4.58		Ketone				
	PLT	150 - 400 k/uL	468	446		Nitrite				
CMP	Glucose	70-110 mg/dL			Leukocytes					
	Sodium	134 - 145 mmol/L	137	140	Bilirubin					
	Potassium	3.5 - 5.3 mmol/L	4.1	4.0	Blood					
	BUN	9-21 mg/dL	17	11	pH					
	Creatinine	0.8-1.5 mg/dL	0.80	1.0	Other Labs	MCV	80-100	58.2	66.2	
	Chloride	98 - 108 mmol/L	-	-		RDW	12.1-16.1	10.2	13.2	
	Calcium	8.4 - 11.0 mg/dL	8.3	8.3	Date	Culture	Site	Result		
	Mg++	1.6 - 2.3 mg/dL	-	-		Blood				
	Total Protein	5.5 - 7.8 g/dL	7.3	-		Urine				
	Albumin	3.4 - 5 g/dL	2.4	-	10/31	Wound	CT thigh	STREPTOCOCCUS ORALIS		
	Total Bilirubin	0.1 - 1.3	0.2	-	10/31	Wound	RT BUTTOCK	ACTINOMYCES NEIJII		
	AST(SGOT)	5 - 45 u/L	9	-	Other Diagnostic / Procedures					
ALT (SGPT)	7-72 u/L	15	-	<small>Examples: CT/Xray/MRI/Paracentesis</small>						
Alk Phos (ALP)	38 - 126 u/L	186	-	Date	Type	Result				
Lipid Panel	Cholesterol	200mg/dL	131	-	10/19	PERINEAL CBS	3 CMS SIMILAR ORGANISMS			
	TRIG	0-150 mb/dL	71	-	10/28	CXE	NEGATIVE			
	HDL	>60mg/dL	494	-						
	LDL	0-100 mg/dL	73	-						
Common	GFR	Refer to lab specific data	-	-	Point of Care Glucose Results					
	TSH	0.35 - 5.5 ULU/L	-	-	Date	Time	Result	Date	Time	Result
	Digoxin	0.8 - 2 ng/dL	-	-	11/4	1105	126	11/3	1105	124
	PT	10.0 - 12.9 secs	-	-	11/4	0605	73	11/3	1605	86
	INR	Therapeutic 2 - 3	-	-	11/4	0700	126	11/3	1133	121
	PTT	25.3 - 36.9 secs	-	-						
	BNP	5 - 100 pg/dL	-	-						
	CKMB	0 - 5 ng/dL	-	-						
Troponin	neg = < 0.07 ng/mL	-	-							

Student Name: Brendon Thomas

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Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process & Brief Pathophysiology-</p> <p>An abscess is an area of skin that has been broken down by bacteria and caused a pus filled cavity. The body then constructs a wall that traps the bacteria and pus in that tissue</p>	<p>2. Factors for the Development of the Disease/Acute Illness-</p> <p>Catheters venas feeding tube Cognitive impairment Chronic disease P Malnutrition P Advanced age Immunosuppression P</p>	<p>3. Signs and Symptoms-</p> <p>edema erythema P pain P warmth P red tenderness pus pockets P temperature chills</p>
<p>4. Diagnostic Tests pertinent or confirming of diagnosis-</p> <p>US P MRI CT</p>	<p>5. Lab Values that may be affected-</p> <p>WBC Blood culture Wound culture P</p>	<p>6. Current Treatment-</p> <p>Surgical I+D P Wet to dry dressing P Drains Antibiotics P Gland removal</p>

Adopted: August 2016

Abscess. (n.d.). Retrieved November 04, 2020, from <https://www.britannica.com/science/abscess>

Abscess. (2019, November). Retrieved November 04, 2020 from <https://www.nhs.uk/conditions/abscess>

Student Name: Brandon Thomas Unit: S8 Pt. Initials: CP Date: 11/4/20

<p>7. Focused Nursing Diagnosis:</p> <p>Impaired skin integrity</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. I I will use normal saline to clean wound before applying a new dressing.</p> <p>Evidenced Based Practice:</p>	<p>12. Patient Teaching:</p> <p>1. I will teach patient how to relax in bed without placing pressure on wound.</p> <p>2. I will teach patient how to use pillows to prevent similar wounds.</p> <p>3. I will encourage patient to participate in wound care and teach proper wound care.</p>
<p>8. Related to (r/t):</p> <p>open abscess abscess wound</p>	<p>Normal saline is suitable for wound cleaning. (Fernandez et al 2010)</p> <p>2. I will minimize exposure of wound to menses blood.</p>	<p>13. Discharge Planning/Community Resources:</p> <p>1. I will consult dietary to develop a diet plan to help with wound healing.</p> <p>2. I will consult PT to help patient find a way to walk while wound in between legs is healing.</p>
<p>9. As evidenced by (aeb):</p> <p>Packed dressing placed inside abscess wound with I/D with prudent drainage</p>	<p>Evidenced Based Practice:</p> <p>Excessive moisture can dehydrate wounds by macerating skin. (Wocn 2010)</p> <p>3. I will turn patient often to prevent pressure on wound site.</p>	<p>3. I will help patient set up or follow up appointment with wound care to ensure complete wound healing.</p>
<p>10. Desired patient outcome:</p> <p>Pt will regain skin integrity and demonstrate understanding of plan to heal skin and prevent reinjury by 11/6/2020 at 1700.</p>	<p>Evidenced Based Practice:</p> <p>DO NOT position a patient directly on a wound. (NPUAP, 2014)</p>	

Adopted: August 2016

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Aukley, B.J., Ladwig, G.B., & Beth, M.F. (2017) Impaired skin integrity. In Nursing Diagnosis Handbook: An Evidence Based Guide on Planning Care (pp. 806-809) St. Louis, Mo: Elsevier.