

Student Name: Caroline Dikes

Date: 12/11/20

**PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS:**

**Complete using assessment check list and reminders below.**

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

12/08/2020. 1116. Pleasant 66 year old woman with admitted with septic shock from UTI, polynephritis, microcytic anemia, morbid obesity, A-fib, Nephrolithiasis. Pt. appears alert and orientated.

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

Alert and orientated x3. Moves all extremities on command. HGTW strong and equal bilaterally. Pushes bilateral lower extremities against resistance with strength and coordination. All extremities stiff.

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

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

Calm affect, appropriate and friendly interaction with staff. No family present at bedside. Responds to questions readily. Responsive facial expressions.

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

Sclera clear and white with no drainage noted. Pt denies sore throat. No nasal drainage noted. Hears spoken words with no difficulty. Swallowed PO medications without difficulty.

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

Pt. receiving 2L Nasal Cannula. Pt. Sleeps with CPAP. Respirations 18 per minute, even and unlabored. O2 saturation 96%. Chest symmetrical. Breath sounds clear to auscultation bilaterally. Pt. Denies shortness of breath and cough.

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

S1&S2 audible. Pt. Rhythm in A-fib. Pt. on telemetry. Pulse rate 93 bpm. Bilateral pedal and radial pulses 2+ with equal rate and rhythm. Dependent edema noted. BP:116/75. Denies chest pain or discomfort. Apical rate not obtained.

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

Adopted: August 2016

Abdomen soft. Abdominal pannus due to morbid obesity. Pt. BMI 50.0-59.9. bowel sounds hypoactive X4. Pt. Appetite poor, denied breakfast. No tenderness on palpation. Last bowel movement 12/08/20. Stool color brown and soft in consistency. pt. Uses bedside commode due to limited ambulation.

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

Voids clear yellow urine. 16 French indwelling foley catheter placed 12/06/2020. Pt. has history of chronic foley catheter use. Denies pain. Post- menopausal. 15 ml void in bag 0936.

\_\_\_ Urine output (last 24 hours) not obtained LMP (if applicable) \_\_\_\_\_

**Musculoskeletal** (alignment, posture, mobility, gait, movement in extremities, deformities)  
Pt gait unsteady. Ambulates 2x assist with walker. Bilateral Lower extremities dependent edema and redness noted around ankle region. No deformities noted. Pt. moves extremities on command, stiffness noted.

**Skin** (skin color, temp, texture, turgor, integrity)  
Skin warm, dry, and intact. Color normal for patient. Turgor elastic.

**Wounds/Dressings**  
Arterial venous access site: PICC line R. Arm. Started 11/27/2020. No redness or swelling at site, dressing intact.

**Other**

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