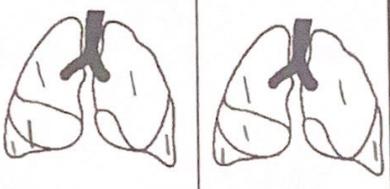


P

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>2</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>1+</u> L <u>1+</u> Post. Tib. R <u>1</u> L <u>1</u> 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 checked="" type="checkbox"/> N Follows Simple Commands: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Gag <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N-None) Grips: Rt. <u>S</u> Lt. <u>S</u> Pushes: Rt. <u>S</u> Lt. <u>S</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 Withdrawn 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 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 checked="" 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: <u>BRN</u> Consistency: <u>SOFT</u> Abdomen: <input 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 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: <u>LAST BM 1/12</u>	Moves Extremities: <input 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 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 type="checkbox"/> Unsteady Comments: <u>CALL NOT OBSERVED</u>	<input checked="" type="checkbox"/> None Rate _____ MA: A _____ V _____ Sensitivity _____ Mode _____ Transvenous @ _____ cm Site _____ <input type="checkbox"/> Epicardial wires <input type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input 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 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 checked="" 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 _____ <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 VEINUS 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 checked="" type="checkbox"/> PICC <input type="checkbox"/> R <input type="checkbox"/> L <u>AD</u> Start: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <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 type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input type="checkbox"/> Tachypnea <input type="checkbox"/> RA O2: <u>S</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 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 _____ Consistency _____ <input type="checkbox"/> 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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. Sutures 14. Staples 15. Other: _____ Skin Color normal 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"/> Clammy <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic Braden Scale Score <u>18</u> <input type="checkbox"/> If Braden Scale $\leq$ 18 initiate Skin Care Protocol Comments:		
<input type="checkbox"/> Initial Assessment <input type="checkbox"/> See Narrative for Additional information <input type="checkbox"/> No Changes to initial assessment <input type="checkbox"/> See Narrative for _____ Signature _____ <input type="checkbox"/> No Changes to previous assessment <input type="checkbox"/> See Narrative for _____ Signature _____	Signature: <u>Sidney M...</u> Date: <u>1/13/21</u> Time: <u>0930</u> Signature: _____ Date: _____ Time: _____ Signature: _____ Date: _____ Time: _____	

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42

3M

COVENANT SCHOOL OF NURSING STUDENT DOCUMENTATION

DAILY ASSESSMENT

19

Student Name: Sidney McMillian

Date: 1/13/21

### 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)

0930. Admitted w/ hypercapnic encephalopathy and COPD. pt appears to be content and comfortable

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

Alert, oriented to person, place, and time. Responds to sensations. HETW equal and strong bilaterally. Pushes and pulls equal and strong bilaterally for hands and feet. Speaks English clearly. Pupils 3 mm equal, round, reactive to light

**Comfort level:** Pain rates at 0 (0-10 scale) Location: N/A

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

Cheerful affect. Interacts appropriately with staff.

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

EENT clear and symmetrical. Membranes of mouth intact and clear of lesions. Mucosa is pink and intact. Good dentition, clean and symmetrical. No palpable lymph nodes. No difficulty or soreness swallowing.

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

Chest symmetrical, trachea midline. Respirations even and unlabored. Breath sounds clear to auscultation bilaterally. O2 92 nasal cannula.

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

S1 & S2 audible with regular rhythm. Apical rate 86, radial pulses 2+ bilaterally with rate of 86. Pedal pulses 2+ bilaterally. No edema noted. Denies chest pain or discomfort. Nail beds pink, capillary refill 2 seconds

Student Name: Sidney

Date: \_\_\_\_\_

### IM1 Patient Physical Assessment Narrative

**Gastrointestinal** (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Abdomen flat, soft, and nontender. Active bowel sounds x 4 quadrants. Stool BM is usually brown, soft, and formed

\_\_\_\_\_ Last BM 1/12

**Genitourinary-Reproductive** (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) voids clear, yellow urine (not observed). Denies odor, discharge, or pain. pt has bathroom privileges.

\_\_\_\_\_ **Urine output** (last 24 hrs) N/A **LMP** (if applicable) \_\_\_\_\_

**Musculoskeletal** (alignment, posture, mobility, gait, movement in extremities, deformities) pt. spine aligned and posture upright. Mobility is limited. Pt will move from bed to chair with assistance. Gait steady. Moves all extremities on command without difficulty or pain. No deformities.

**Skin** (skin color, temp, texture, turgor, integrity) skin warm and dry, pink and color appropriate to race. skin turgor elastic, snaps rapidly back to position.

**Wounds/Dressings** picc line - right upper arm, triple lumen. dressing dry and intact.

**Other**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnostic Worksheet

Mark high / low values with (↑ or ↓)	Covenant Normal Values	Dates			
		Admit day	Most Recent		
<b>CBC</b>					
WBC	3.6-10.8 K/uL	8.33	10.92		
HGB	14-18 g/dL	13.5	12.52		
HCT	42% - 52%	44.0	41.92		
RBC	4.7-6.1 m/uL	4.38	4.15		
PLT	150 - 400 K/uL	152	158		
<b>Lipid Panel</b>					
Cholesterol	200mg/dL				
TRIG	0-150 mb/dL				
HDL	>60mg/dL				
LDL	0-100 mg/dL				
<b>Common</b>					
GFR	Radio lab specific data	99			
TSH	0.35 - 5.5 U/L				
Digoxin	0.8 - 2 ng/dL				
PT	10.0 - 12.9 secs				
INR	Therapeutic 2 - 3				
PPT	25.3 - 36.9 secs				
BNP	5 - 100 pg/dL				
CKMB	0 - 5 ng/dL				
Troponin	neg = <0.07 ng/mL				
<b>CMP</b>					
Glucose	70-110 mg/dL	172 ↑	910		
Sodium	134 - 145 mmol/L	142	137		
Potassium	3.5 - 5.3 mmol/L	5.0 ↑	4.0		
BUN	9-21 mg/dL	14	10		
Creatinine	0.8-1.5 mg/dL	0.40 ↓	0.40 ↓		
Chloride	98 - 108 mmol/L	94 ↓	95 ↓		
Calcium	8.4 - 11.0 mg/dL	9.8	9.9		
Mg++	1.6 - 2.3 mg/dL				
Total Protein	5.5 - 7.8 g/dL	8.0 ↑			
Albumin	3.4 - 5 g/dL	3.1 ↓	2.9 ↓		
Total Bilirubin	0.1 - 1.3	0.4			
AST(SGOT)	5 - 45 u/L	10 ↑			
ALT (SGPT)	7-72 u/L	42			
Alk Phos (ALP)	38 - 126 u/L	104			
<b>Other Diagnostic / Procedures</b>					
Date	Type	Result			
12/30	Chest X-ray	orthopedic tube placement			
1/2	Chest X-ray	orthopedic hardware			
12/30	Head CT				
12/31	Chest CT	Metastasis, T10 fracture.			
12/31	Abdomen US	cholelithiasis, no masses			
12/31	Abdomen/pelvis CT	metastasis, T10 fracture, spine, L4/5 spine			
<b>Point of Care Glucose Results</b>					
Date	Time	Result	Date	Time	Result
12/31	10:11	118 ↑	12/31	20:31	152 ↑
12/31	12:09	107	1/1	04:57	178 ↑
12/31	15:29	122 ↑	1/1	11:00	181 ↑

Other: 12/31 CSV ⊖  
 12/31 Urine Legionella Ag ⊖

Cont on back

12/31, 1/2 no growth

Mark high / low values with (↑ or ↓)	Covenant Normal Values	Dates	
		Admit day	Most Recent
<b>UA</b>			
Sp Gravity		1.030	
Protein		100 ↑	
Glucose		⊖	
Ketone		⊖	
Nitrite		⊖	
Leukocytes		1+	
Bilirubin		⊖	
Blood		⊖	
pH		6.0	
<b>Other Labs</b>			
Date	Culture	Site	Result
12/30	Covid vaccine		⊖
12/31	Urinalysis	urinalysis	⊖
12/31	Blood Culture	Powdered Foley cath	No growth 12/31, 1/2
12/31	Urine Culture	Foley cath	no growth
12/31	Wound Culture	Wound	no growth
12/31	Wound Culture	Wound	no growth

POC Glucose

111	1117	1044	118	0226	2269
111	2363	173	118	0530	1087
112	0551	186	118	1108	218
112	1015	149	118	1013	140
112	1520	191	118	2030	179
112	1961	150	119	0314	114
113	1060	194	119	0932	108
113	1954	99	119	1133	129
113	2354	111	119	2022	201
114	0559	104	1110	0522	115
114	1038	121	1110	1140	174
114	1014	103	1110	1743	130
115	0010	118	1110	1923	217
115	0555	112	1111	D001	108
115	1020	122	1111	1150	193
115	1530	298	1112	1705	100
115	1958	170	1112	0000	139
115	0130	137	1112	0554	85
115	0632	111	1112	1129	132
115	1017	151	1112	1803	151
115	1550	137	1112	2031	141
115	2015	197	1113	0539	95
117	1110	180	1113	1120	104
117	1539	193	1113		

Station	Instrument	Operator	Sample ID	Result	Unit
111	POC		1117	1044	mg/dL
111	POC		2363	173	mg/dL
112	POC		0551	186	mg/dL
112	POC		1015	149	mg/dL
112	POC		1520	191	mg/dL
112	POC		1961	150	mg/dL
113	POC		1060	194	mg/dL
113	POC		1954	99	mg/dL
113	POC		2354	111	mg/dL
114	POC		0559	104	mg/dL
114	POC		1038	121	mg/dL
114	POC		1014	103	mg/dL
115	POC		0010	118	mg/dL
115	POC		0555	112	mg/dL
115	POC		1020	122	mg/dL
115	POC		1530	298	mg/dL
115	POC		1958	170	mg/dL
115	POC		0130	137	mg/dL
115	POC		0632	111	mg/dL
115	POC		1017	151	mg/dL
115	POC		1550	137	mg/dL
115	POC		2015	197	mg/dL
117	POC		1110	180	mg/dL
117	POC		1539	193	mg/dL