

## 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)

1400. Patient admitted due to chest pain, it was later determined that patient experienced a Non-ST segment elevation event. Exhibited appropriate posture and facial expressions during interaction. No signs of apparent distress.

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

Alert and oriented to person, place, time and situation. Moves all extremities on command. Hand grasp and toe wiggle strong and equal bilaterally. Left pupil 4 mm, round and reactive to light. Patient is blind in right eye, has a cataract present. Speaks English.

**Comfort level: Rates pain at 0 (0-10 scale) Location: N/A**

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

Patient interacts appropriately with staff, no family present at bedside. Friendly but responses due to patient being hard of hearing.

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

Sclera white and without drainage, cataract present in right eye. Ears symmetric, no drainage. Nasal septum midline, mucosa pink, no drainage. Oral mucosa membranes pink, moist, and intact. Neck supple with no palpable lymph nodes.

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

Chest symmetrical, trachea midline. Breath sounds clear to auscultation bilaterally. Respirations even and unlabored. Oxygen saturation of 92% on room air, respiration rate of 18.

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

Heart sounds audible to auscultation with regular rate and rhythm. Radial pulses 2+ bilaterally with rate of 88, pedal pulses 2+ bilaterally. Capillary refill 2-3 seconds, nailbeds pink. Apical pulse not assessed.

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

Abdomen soft and nontender upon palpation. Active bowel sounds in all four quadrants. Patient states bowel movement usually occur after a meal. Last bowel movement was 12/13/2021.

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

Patient voids on his own with assistance to the restroom. Denies having pain or trouble urinating. Color, clarity, odor and discharge not assessed.

**Urine Output** (last 24 hrs) Not assessed **LMP** (if applicable) N/A

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

Moves all extremities on command. All movements are coordinated and purposeful. No deformities in upper or lower extremities. Makes frequent to slight changes in body or extremity position independently. Gait not assessed at this time.

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

Skin warm to the touch, color appropriate to race, shiny appearance. Turgor elastic.

**Wounds/Dressings**

Left forearm hemodialysis access location, thrill. Right peripheral 20g INT, without redness or swelling, clean and dry dressing.

**Other**

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