

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 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>4-3</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>N/A</u> L <u>N/A</u> Comments: <u>R. Ankle had some swelling. Pt. stated he had fallen and there was slight tenderness.</u>	Family at bedside <input checked="" type="checkbox"/> Y <input 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 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>S</u> Lt. <u>S</u> Pushes: Rt. <u>S</u> Lt. <u>S</u> Comments: <u>WIFE @ Bedside</u> 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 Withdrawn 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 checked="" type="checkbox"/> Appr. 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: <u>N/A</u>	Edema: <input type="checkbox"/> Generalized <input checked="" 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: <u>N/A</u> Rhythm: <u>N/A</u>
GASTROINTESTINAL	SKELETAL	PACER SETTINGS
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent Stool Color <u>Normal</u> Consistency <u>Yes/Solid</u> 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 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: <u>N/A</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 type="checkbox"/> Weak <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation <input type="checkbox"/> Gait <input type="checkbox"/> Steady <input checked="" type="checkbox"/> Unsteady Comments: <u>R. Ankle Swelling due to fall. Pt. couldn't maintain O2 sats in 90's was on CPAP machine.</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> <input type="checkbox"/> Epicardial wires <input type="checkbox"/> Y <input 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 checked="" type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input type="checkbox"/> Voids <input type="checkbox"/> Foley Size <u>N/A</u> Fr Insertion Date <u>N/A</u> <input type="checkbox"/> Urostomy <input type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: <u>Did Bladder Scan 136ml. No Need for Foley per. Dr.</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>Hx: Bilateral Cataracts</u>	<input checked="" type="checkbox"/> None #1 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> #2 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> #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 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: <u>    </u> <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L Start: <u>    </u> <input type="checkbox"/> PICC <input type="checkbox"/> R <input type="checkbox"/> L Start: <u>    </u> <input checked="" type="checkbox"/> Peripheral <input type="checkbox"/> R <input checked="" type="checkbox"/> L <u>Hand (20g)</u> Start: <u>2/23/21</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 <u>N/A</u> <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 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 checked="" type="checkbox"/> BiPAP/CPAP # <u>    </u> ETT @ <u>    </u> cm # <u>    </u> Shiley Trach <input checked="" type="checkbox"/> BVM at bedside <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Obturator at bedside <input type="checkbox"/> Y <input type="checkbox"/> N Cough: <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input type="checkbox"/> None Secretions: Color <u>White/foam</u> Consistency <u>Thin</u> Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Minimal Comments: <u>Presented w/ no distress at time of Assessment</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 checked="" 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. Hematoma 11. Blister 12. Stoma 13. Sutures 14. Staples 15. Other: <u>    </u> 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>N/A</u> <input type="checkbox"/> If Braden Scale $\leq$ 18 initiate Skin Care Protocol Comments: <u>Pt. had (1), (3) on R. Arm from Fall, Area to redness in genital area. 2/24/21</u>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Posterior</p> </div> <div style="text-align: center;"> <p>Anterior</p> </div> </div>	
<input checked="" type="checkbox"/> Initial Assessment <input checked="" type="checkbox"/> See Narrative for Additional information Signature <u>Jacq P. Zaragoza SN</u> Date: <u>2/24/21</u> Time: <u>8:30am</u> <input type="checkbox"/> No Changes to initial assessment <input type="checkbox"/> See Narrative for <input type="checkbox"/> Signature <u>    </u> Date: <u>    </u> Time: <u>    </u> <input type="checkbox"/> No Changes to previous assessment <input type="checkbox"/> See Narrative for <input type="checkbox"/> Signature <u>    </u> Date: <u>    </u> Time: <u>    </u>		

Student Name: Jacob Zarazua

Date: 2/24/21

## 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)

At 08:30am Pt. was Admitted yesterday 2/23/21, Community Acquired Pneumonia, Vital Signs; Radial Pulse 65 beats regular, Apical pulse 70. BP 121/55 R. Arm, Temporal Temp 97.9°F, Respirations 24, Pt. was on CPAP. Currently in No Pain. Pt. is a pleasant 83 year old man with wife present.

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

Pt. Awake, alert and oriented to Person, Place and date. Moves all extremities on Command. Responds appropriately, Light touch sensation, H&T w/ equal strong Bilaterally. Movements Purposeful and Coordinated. Speaks English Clearly without Hesitation, Pupils are equal and round, Non-reactive to light. Pt. has Hx of Bilateral Cataracts

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

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

Pt. Interacts appropriately with staff, and family. Very pleasant and communicates well.

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

Sclera clear & white without drainage. Ears Symmetrical, auditory Canals without drainage. Hears Spoken Voice without difficulty. Nasal Septum midline, mucosa pink, oral mucosa pink, moist intact, No discharge. Neck, normal active ROM, trachea midline, No palpable Lymph Nodes

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

Chest Symmetrical expansion w/ respiration, Trachea Midline, Clear, Normal Vesicular breath Sound in Upper Anterior & Posterior lobes, Diminished Bilaterally in RLL and LLL Posterior & Anterior, Respirations 24, even on CPAP machine.

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

S1 & S2 heard in all 4 locations with a heart rate of 65. Apical rate of 70, Radial pulses 2+ bilaterally with Pedal pulses 2+ bilaterally. Dependent edema was present on R. Ankle, Pt. stated, "Possibly due to him tripping and falling. Nailbeds, pink, no clubbing, just a crooked index finger on R. side hand.

Student Name: \_\_\_\_\_

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

### IM1 Patient Physical Assessment Narrative

**Gastrointestinal** (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Abdomen, was flat with Normal active Bowel Sounds x 4 Quadrants. Pt. Stated he has Normal Bowel Habits with Consistency of Solid stool. He stated, "Takes fiber to help him."

Last BM 2/24/21 - Early AM

**Genitourinary-Reproductive** (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Pt. Normal clear, yellow urine, No odor present when assessing. Pt. does have Hx of Benign Prostate Hyperplasia w/o Lower Urinary tract symptoms. He had urine output that I measured 600ml. Pt. had not been there 24 hrs yet.

600ml Urine output (last 24 hrs) N/A LMP (if applicable) N/A

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

Normal Spinal Curvature, did have dependent edema R. Ankle due to fall. Move all extremities in the bed. Pt. had unsteady gait due to needing continuous CPAP due to low O<sub>2</sub>. Placed on BR. per Hospitalist.

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

Color was appropriate for Race, Normal, except on R. Arm (Forearm) was abrasions and bruising from his fall. He also had some redness on his Scrotum, Pt. had good Skin Turgor, Temp 97.9°F

**Wounds/Dressings**

N/A

**Other**

Pt. was able to be placed on Nasal Cannula for a little bit to see if he could tolerate it. He was not. So he was placed on and switched from CPAP to BIPAP per physician. We also started Antibiotics.