PERIPHERAL VASCULAR

3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable

Extremities: ☐ Pink ☐ Red ☐ Cyanotic ☑ Warm ☐ Cool Calf Tenderness/Swelling ☐ R ☐ L

Ted Hose ☐ Y ☑ N SCDs ☐ Y ☐ N

☐ Plexipulses Capillary Refill: >2 Seconds

Affected extremity pulse verified with Doppler ☐ Y ☐ N

Pulses: Radial R [illegible] L [illegible]

Pedal R X L X

Post. Tib. R [illegible] L [illegible]

Comments: Below knee amp

MD Right DVT

NEUROLOGY/PSYCHOSOCIAL

Family at bedside ☐ Y ☑ N

☑ Alert ☐ Oriented ☐ Confused ☐ Comatose

☐ Sedated ☐ Drowsy Cough Reflex ☐ Y ☐ N

Follows Simple Commands: ☑ Y ☐ N Gag ☐ Y ☐ N

Muscle Strength: (S-Strong, W-Weak, N-None)

Grips: Rt. S Lt. S Pushes: Rt. W Lt. W

Comments:

Response to Questions: ☑ Readily ☐ Slowly ☐ None

☐ Calm/Relaxed ☐ Quiet ☐ Withdrawn ☐ Friendly

☐ Restless ☐ Appro. for age ☐ Hostile/Angry

☐ Crying ☐ Anxious ☐ Concerned

Facial expressions: ☐ Flat ☑ Responsive ☐ Grimace

☐ Seizure Precaution ☐ Sedation Vacation Done for Neuro Assessment

Comments:

CARDIOVASCULAR

Edema: ☐ Generalized ☐ Dependent

Pitting: ☐ Y ☑ N ☐ 1+ ☐ 2+ ☐ 3+

Skin Turgor WNL ☐ Y ☑ N

Abnormal Heart Sounds ☐ Y ☑ N

Murmur ☐ Y ☑ N

☐ PPM Site: Rhythm:

PACER SETTINGS

☐ None

Rate MA: A V

Sensitivity Mode

Transvenous @ cm Site

Epicardial wires ☐ Y ☐ N

Permanant Pacemaker Site

☐ Left subclavicular ☐ Right subclavicular

GASTROINTESTINAL

☐ Nausea ☐ Vomiting ☐ Incontinent

Stool Color Consistency

Abdomen: ☑ Soft ☐ Firm ☐ Distended ☐ Guarding

Bowel Sounds: ☑ Active ☐ Hypo ☐ Hyper ☐ Absent

X Quadrants Appetite: ☐ Good ☐ Fair ☑ Poor

☐ PEG ☐ NGT ☐ DHT R or L

Comments: Only drank juice 1 cup

bacon

SKELETAL

Moves Extremities: ☑ All ☐ RA ☐ RL ☐ LA ☐ LL

☑ Pain ☐ Swelling ☐ Stiffness ☐ Tenderness ☐ Weak

☐ Deformities ☐ Contractures ☐ Spasms ☐ Paralysis

☐ Amputation Left Gait ☐ Steady ☐ Unsteady

Comments: Left foot amputation

pain right leg thighbris

pain

INCISIONS/WOUNDS/DRAINS

☐ None

#1 Location: Left lower leg

☑ Sutures ☐ Staples/Clips ☐ Retention Sutures

☐ Reddened ☐ Swollen ☐ Drainage/Color

☐ Open to Air ☑ Dressings

☐ Comments clean dry (dry)

#2 Location:

☐ Sutures ☐ Staples/Clips ☐ Retention Sutures

☐ Reddened ☐ Swollen ☐ Drainage/Color

☐ Open to Air ☐ Dressings

☐ Comments

#3 Location:

☐ Sutures ☐ Staples/Clips ☐ Retention Sutures

☐ Reddened ☐ Swollen ☐ Drainage/Color

☐ Open to Air ☐ Dressings

☐ Comments

#4 Location:

☐ Sutures ☐ Staples/Clips ☐ Retention Sutures

☐ Reddened ☐ Swollen ☐ Drainage/Color

☐ Open to Air ☐ Dressings

☐ Comments

GENITOURINARY

Urine: ☐ Clear ☐ Sediment ☐ Cloudy ☐ Yellow ☐ Amber ☐ Bloody ☐ Voids

☐ Foley Size Fr Insertion Date

☐ Urostomy ☐ BRP ☐ Urinal/Bedpan ☐ BSC ☐ Incontinent

Comments: NO WING

EYES, EARS, NOSE, THROAT

Sclera: ☑ White ☐ Yellow ☐ Red

Scleral Edema: ☐ Y ☑ N Sore Throat: ☐ Y ☑ N

Nasal Drainage: ☐ Y ☑ N

Comments:

ARTERIAL AND VENOUS SITES

A -Without Redness or Swelling B-Redness C-Swelling D-Dressing

☐ Jugular	☐ R ☑ L A	Start:
☐ Subclavian	☐ R ☐ L [illegible]	Start:
☐ PICC	☐ R ☐ L	Start:
☐ Peripheral	☐ R ☐ L	Start:
☐ Peripheral	☐ R ☐ L	Start:
☐ Arterial Line	☐ R ☐ L	Start:

☐ Femoral ☐ Radial

☐ PA @ cm ☐ R ☐ L Start:

Hemodialysis Access Location Subclavian

☐ Graft ☐ AV Fistula ☑ Thrill ☐ Bruit

Twait for fistula maturation

PULMONARY

Respirations: ☑ No Distress ☐ SOB ☐ Labored

☐ Accessory Muscles ☑ Shallow ☐ Apnea ☐ Tachypnea

☐ RA O2: 2 ☑ NC ☐ Venti Mask ☐ Trach Collar

☐ Non rebreather ☐ T-Piece ☐ Ventilator: ☐ BiPAP/CPAP

ETT @ cm # Shiley Trach

BVM at bedside ☐ Y ☐ N

Obturator at bedside ☐ Y ☐ N

Cough: ☐ Productive ☐ Non Productive ☑ None

Secreations: Color Consistency

Amt. ☐ Copious ☐ Moderate ☐ Minimal

Comments: Suction from Bipap to

Nasal canula

CHEST TUBES

☐ None

#1 ☐ Pleural ☐ Mediastinal ☐ L ☐ R

☐ Suction ☐ Gravity

Drainage Color: ☐ Serous ☐ Sanguinous ☐

Air-leak ☐ Y ☐ N ☐ Pleuravac ☐ Thoraseal

Comments

#2 ☐ Pleural ☐ Mediastinal ☐ L ☐ R

☐ Suction ☐ Gravity

Drainage Color: ☐ Serous ☐ Sanguinous ☐

Air-leak ☐ Y ☐ N ☐ Pleuravac ☐ Thoraseal

Comments

#3 ☐ Pleural ☐ Mediastinal ☐ L ☐ R

☐ Suction ☐ Gravity

Drainage Color: ☐ Serous ☐ Sanguinous ☐

Air-leak ☐ Y ☐ N ☐ Pleuravac ☐ Thoraseal

Comments

SKIN ASSESSMENT

☑ 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:

Skin Color normal for patient ☐ Y ☐ N

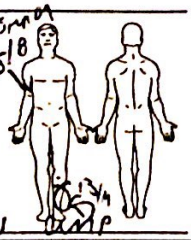
☐ Pale ☐ Cyanotic ☐ Jaudice

☐ Shiny ☐ Clammy ☐ Cool

☐ Diaphoretic

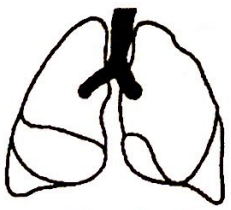
Braden Scale Score

☐ If Braden Scale ≤ 18 initiate Skin Care Protocol

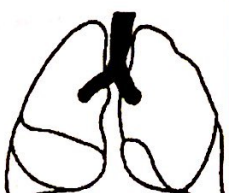


Comments: Below knee amp

LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub



patient couldn't sit up due to pain



lung sounds very faint

☐ Initial Assessment ☐ See Narrative for Additional information Signature Date: Time:

☐ No Changes to initial assessment ☐ See Narrative for ☐s Signature Date: Time:

☐ No Changes to previous assessment ☐ See Narrative for ☐s Signature Date: Time:

OVENANT SCHOOL OF NURSING STUDENT DOCUMENTATION

DAILY ASSESSMENT

Student Name: Greg Kelley **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)
09:00, gangrene LLL, aware on nasal cannula.

Neurological–sensory (LOC, sensation, strength, coordination, speech, pupil assessment)
Alert and aware, Can move and feel, general weakness, Normal coordination, Normal speech, pupil dilation with normal cardinal gaze

Comfort level: Pain rates at 10 **(0-10 scale) Location:** left leg amputation site

Psychological/Social (affect, interaction with family, friends, staff)
Friendly and responsive to staff. Alot of pain

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) No drainage, No soreness in throat, white sclera,

Respiratory (chest configuration, breath sounds, rate, rhythm, depth, pattern)
Diminished breath sounds, normal chest configuration free of wounds or dressings, shallow breaths, patient on nasal cannula.

Cardiovascular (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)
Normal heart sounds w constant rhythm, pulse rate of 72 bpm, weak radial pulses at lt

Student Name: _____ **Date:** _____

IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Small amount of unintentional void present in bed, Soft abdomen with active bowl sounds, No scars, wounds, or masses, No tenderness with palpation

Last BM _____

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) inability to produce urine, patient on dialysis

Urine output (last 24 hrs) _____ **LMP** (if applicable) _____

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) can move arms and legs and turn over with help, unable to ambulate, boot on left les and brisel les .. unable to sit up without assistance, left les dressings on amputation

Skin (skin color, temp, texture, turgor, integrity) Skin in tact, patient warm to the touch, smooth skin with normal skin turgor, fistula on upper right arm

Wounds/Dressings Dressings on left les at the area of amputation. No drainage or wetness. No bleeding or discoloration. Sutures in tact

Other