

Student Name: _____

Date: _____

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)

Assessment done at 0900, pt admitted for a-fib, pneumonia, and laceration on left side of forehead. Under observation for hematoma caused by forehead laceration. Patient was welcoming to staff

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

Patient awake, responsive, but not oriented with time or place. Responded to questions and commands, difficulty hearing, and HGTW was strong.

Comfort level: Pain rates at _____2_____ **(0-10 scale) Location:** _____left forehead_____

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

Interacted appropriately with staff. History of dementia. Upon knowing she was being discharged, she constantly asked what time her daughters would come get her.

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

Left eye swollen and bruised from laceration on left side of forehead. Both pupils round and reactive. No drainage from eyes, ears, mouth, throat, or nose. No issues with swallowing, patient ate breakfast with no issues.

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

16 respirations/min, clear breath sounds, chest configuration is symmetrical with expansion. No signs of difficulty breathing, O2 Sat at 92% on room air.

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

S1 and S2 heard in all 4 locations, no murmurs or abnormal sounds, radial and pedal pulse both regular and strongly palpable, Heart rate at 83 bpm, blood pressure at 123/72

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IM1 Patient Physical Assessment Narrative

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

abdomen soft upon palpation, no scars, tenderness, or lesions on abdomen, active bowel sounds in each quadrant. Patient's appetite is good, ate 60% of breakfast

Last BM _____ night of 02/23/21_____

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

Urine clear, patient is able to use restroom with ambulation assistance, no discharge, bleeding, or odor present

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

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

gait is balanced and normal with assistance of walker, normal ROM, no deformities present, able to move all extremities, when sitting in chair patient's posture leans to one side

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

Laceration and abrasion on left forehead, skin around left eye and laceration is bruised and swollen, skin on extremities intact and normal for patient, skin warm to touch, skin turgor WNL

Wounds/Dressings

laceration on forehead held together with steri-strips, no drainage or signs of infection

Other

Patient seemed antsy, twiddled thumbs, and picked at peripheral IV site. IV site is covered with gauze. Gave patient stack of hand towels to fold to give her something to do. History of dementia. Patient was admitted overnight, so full medication list has not been added. Only Lovenox has been ordered by HCP

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