

Student Name: Bergan Gunter

Date: 3/7/2021

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)

Neurological/Sensory (LOC, sensation, strength, coordination, speech, pupil assessment)

Comfort level: Pain rates at _____ **(0-10 scale) Location:** _____

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

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

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

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

Student Name: _____

Date: _____

IM1 Patient Physical Assessment Narrative - Scenario # _____

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

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Urgency noted when needing to void. Patient voided 300mL. Urine was yellow, clear, and no odor noted.

 Urine output (last 24 hours) **LMP (if applicable)**

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

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

Wounds/Dressings

Other
