

Student Name: Airykah Molina

Date: 04/02/21

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)

0900. Patient admitted with perforation of gallbladder in cholecystitis.

Appears alert and responsive.

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

Alert, oriented x3. Appropriately reacts to dull and sharp sensations. Pupils 3 mm equal, round, and reactive to light. Able to move all extremities on command. Hand grasps and toe wiggle equal and strong bilaterally. Movements purposful and coordinated.

Comfort level: Pain rates at 5 **(0-10 scale) Location:** Right upper quadrant of abdomen

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

Friendly, quiet affect, interacts appropriately with staff.

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) Sclera clear and white. No visible drainage. Ears symmetrical and without

drainage. No difficulty hearing. Nasal septum midline, mucosa pink. Oral mucous membrane pink, moist, and intact. No visible or palpable lymph nodes.

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

Chest symmetrical, trachea midline. Resprations 22, even and slightly labored. Breath sounds clear. O2 96% on 2 L oxygen nasal canula.

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

S1 and S2 audible with regular rate and rhythm. Apical rate 74, radial pulses 2+

bilaterally, no notable edema. B/P 110/90. No chest pain or discomfort reported. Nailbeds pink, capillary refill <2-3 seconds. Radial rate 74.

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IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Abdomen distended, firm. Pt complains of tenderness in RUQ. Bowel sounds active X4. Patient has not had BM since admission.

_____ **Last BM** No bowel movement observed

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) voids clear, amber urine, adequate amount. No odor, discharge or pain.

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

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) Spinal alignment straight. Posture slightly hunched. Mobility and gait steady. Ability to move all extremities without difficulty. No deformities noted.

Skin (skin color, temp, texture, turgor, integrity) Skin warm, dry, and intact. Color appropriate for age and race. Skin turgor elastic.

Wounds/Dressings

N/A

Other

N/A
