

Student Name: Ashlee Guzman

Date: 3/31/21

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)

Assessment done March 30th, 2021 at 9:30 am. Patient's admitted diagnosis is COPD exacerbation, pneumothorax. Patient was alert, awake, readily, friendly and was calm. No family was at his bedside during this assessment.

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

Patient was oriented to person, place and time. Pupils reactive to light, round, & equal. Hand Grasp & toe wiggle equal and strong bilaterally. Pt spoke english and is responsive to my questions. Pain level at a 8 from scale of 1-10 on his chest above his heart.

Comfort level: Pain rates at 8 (0-10 scale) Location: Chest

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

Patient is friendly with staff and is interactive with us. He is calm, relaxed, responsive throughout the room visits.

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

Sclera yellow without drainage, Oral mucous membrane is pink and moist. Ears symmetrical. No drainage in nasal. Patient can swallow w/o any problems. Felt his neck and no palpable lymph nodes.

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

Respirations 16, Breath sounds normal, breathing 3L of oxygen with Nasal cannula, dyspnea, shallow breaths, O2 sat 96%, trachea midline, chest symmetrical, dry cough with no secretions

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

Pedal pulse 2+, Radial pulse 2+, B/P 113/71, has chest pain, capillary refill < 0 seconds, nail bed pink, S1 and S2 had regular rate and rhythm, normal breath sounds

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IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Abdomen firm, active bowel sounds x 4 quadrants, appetite is good, last bm on March 30th, 2021, non-tender to palpation
Last BM 3/30/21

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) pt uses urinal, urine is clear and yellow, voids as normal, every 2 hrs had an output of 1,000 ml

Urine output (last 24 hrs) n/a LMP (if applicable)

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) fall risk, pt can't ambulate, unsteady gait, can move all extremities, strong grips and pushes, swelling and tenderness on pt's calf's, lying in supine position, pt had tremor/shakiness

Skin (skin color, temp, texture, turgor, integrity) pt's skin is red with abrasions, bruises all over his arms and legs, skin was really dry, warm to touch, turgor is WNL, elastic

Wounds/Dressings dressings was put on right forearm to cover a skin tear that was 5in long and reddened

Other