Student Name: ___Miguel Alegre_____ Date: ___8/6/2021_____

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)

Patient has been admitted for sepsis. Time of physical assessment 1128. General appearance, pt has a scar tissue where the bullet went into his upper L side of forehead, progressed with a hydrocephalus. Pt head is leaning to right. Has a swelling lower R of face. L eye enlarged, R eye mostly closed but opens sometimes and reddened. Has multiple decubitus, stage 2 on his R shin and L posterior arm. Two stage 3 ulcers on his L elbow with dressings. Four stage 3-4 ulcers at the coccyx area with dressings. Contractures beginning to form on the hands. Has drop foot on both feet, with his L foot covered in gauze. R leg to foot is shinny and pale in texture and decreased in temp. Has a PEG tube and trach collar attached.

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

Pt is a quadriplegic. LOC is in between stupor to coma. Response to pain, no strength on grips/pushes. No coordination. No speech. Pupil response to light, constricts.

Comfort level: Pain rates at __N/A__ **(0-10 scale) Location:** ___N/A____

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

Pt's affect is asleep and aroused when there is a loud noise or moved. No interaction to verbal/ physical questions/commands.

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

Facial symmetry, R side of pt face is swollen. No eye, ear, or mouth drainage. Pt nose has a yellow mucus, but not runny.

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

Pt chest is symmetrical. Upper breath sounds are clear, lower lobes are diminished. RR is 12 with a deep-quick release during breathing.

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

Heart rate is 81 and well heard (2+) following aortic to mitral. Both radial pulses are 1+, both pedal pulses are 0 (haven't verified with a doppler)

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

Pt has a distended abd and tender. Has a color green #2 on the Bristol chart. Has fecal impaction. Bowel sounds are hypoactive.

Last BM: N/A

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

Pt has a foley attached 16F. urine color is yellow, has a mild odor. Pt reproductive area has no discharge but has a maggot crawling in the perineal area on cleaning.

Urine output (last 24 hrs) **650 ml LMP** (if applicable) **N/A**

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

Pt is quadriplegic. head is swollen on R lower face. Body alignment is symmetrical. Contractures beginning to form on the hands, with foot drop on both feet.

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

Facial skin is pink, warm and red. WNL. Assessed turgor on the chest, hydrated and no tenting <2 sec. anterior body is warm, red, and pink with signs of pressures and redness. Skin integrity

on the posterior side is warm, reddened, showing signs of infection in the coccyx area and L elbow. Anterior R leg-to-foot is slightly cold, glassy, and pale.

Wounds/Dressings

Two stage 2-3 pressure ulcers on the L elbow have dressings. Four stage 3-4 pressure ulcers had dressings. Old dressings were replaced, documented, and new dressing applied on August 3, 2021, by a WOC.

Other

Pressure ulcers was from a neglect. APS was called.

Adopted: August 2016