Student Name: Mya Flores Date: 10/02

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)
Time: 0900
DX: Necrotizing fasciitis
Appearance: alert, oriented x4

Neurological–sensory (LOC, sensation, strength, coordination, speech, pupil assessment)
LOC: alert & oriented pupil: round | equal | reacted to light
sensation: differ hard | soft sensation on all extremities
strength: weak grips & pushes
coordination: coordinated when asked to grab water cup
speech: clear for pt language

Comfort level: Pain rates at 4 **(0-10 scale) Location:** abd

Psychological/Social (affect, interaction with family, friends, staff)
affect: readily responsive to questions
interaction: interacts well w/ mysis & Nurses/Drs

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) symmetry: pt symmetrical EENT
drainage EENT: No drainage, just rhem cough; uses suction
dentition: No dentures; teeth intact
Nodes: Ø palpation swallowing: able to swallow; throat not sore

Respiratory (chest configuration, breath sounds, rate, rhythm, depth, pattern)
chest config.: Trached midline
breath sound: clear when auscultate - bilateral
rate: 18 rhythm: even
depth: No obvious distress pattern: clear bilaterally all lobes

Cardiovascular (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)
♡ sound: audible & even pattern: cap refill 3 seconds
apical & radial rate: S1 & S2 audible; 102 (↑)
rhythm: even
radial & pulse: 1+ Bilaterally

Student Name: _____ Date: _____

IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) bowel habit: constant every other day me states
appearance: firm; guarding
bowel sound: active
Tender to palpation: yes, especially on R wound Last BM 10/29

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) frequency: every 2-3 hr
urgency: present odor: none present
continence: pt continent bleeding: no hematuria present
color: yellow clarity: No sediment or cloudiness
✓ **Urine output** (last 24 hrs) 2895 **LMP** (if applicable) pt unsure discharge: none present

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities)
alignment: symmetrical deformities: None present
posture: slouched
mobility: Needs assistance
gait: unsteady
movement: slow, but active in all extremities

Skin (skin color, temp, texture, turgor, integrity)
skin color: Normal for pt race
Temp: warm 99.6
Texture: dry
Turgor: elastic Integrity: bruising on arm; wound on abd; edema on LE

Wounds/Dressings R abd
wounds: Necrotizing Fasciitis; buttocks ulcer
Dressing: has wound vac on R abd wound; buttocks dressing changed 11/2 by me & mrs starch (student & instructor)

Other
HX: COPD

Mya Flores 11/2/21 S7

Diagnostic Worksheet

	Mark high / low values with (↑ or ↓)	Covenant Normal Values *Diagnostic values vary from laboratory to laboratory	Dates: Admit day	Most Recent		
CBC	WBC	3.6-10.8 k/uL	14.38	11.23	↑	↑
	HGB	14-18 g/dL	8.5	9.1	↑	↑
	HCT	42% - 52%	25.9	28.8	↑	↑
	RBC	4.7-6.1 m/uL	3.10	3.23	↓	↓
	PLT	150 - 400 k/uL	290	322	—	—
CMP	Glucose	70-110 mg/dL	94	96	—	—
	Sodium	134 - 145 mmol/L		140	—	
	Potassium	3.5 - 5.3 mmol/L		3.6	—	
	BUN	9-21 mg/dL		5L	—	↓
	Creatinine	0.8-1.5 mg/dL		0.30L	—	↓
	Chloride	98 - 108 mmol/L		105	—	
	Calcium	8.4 - 11.0 mg/dL		7.2	—	↓
	Mg++	1.6 - 2.3 mg/dL		—	—	
	Total Protein	5.5 - 7.8 g/dL		5.5L	—	↓
	Albumin	3.4 - 5 g/dL		1.1L	—	↓
	Total Bilirubin	0.1 - 1.3		0.3	—	
	AST(SGOT)	5 - 45 u/L		19	—	
	ALT (SGPT)	7-72 u/L		14	—	
	Alk Phos (ALP)	38 - 126 u/L		52	—	
Lipid Panel	Cholesterol	200mg/dL				
	TRIG	0-150 mb/dL				
	HDL	>60mg/dL				
	LDL	0-100 mg/dL				
Common	GFR	Refer to lab specific data				
	TSH	0.35 - 5.5 ULU/L				
	Digoxin	0.8 - 2 ng/dL				
	PT	10.0 - 12.9 secs	—	11.7	↑	
	INR	Therapeutic 2 - 3	—	1.10	—	
	PTT	25.3 - 36.9 secs				
	BNP	5 - 100 pg/dL				
	CKMB	0 - 5 ng/dL				
	Troponin	neg = < 0.07 ng/mL				

	Mark high / low values with (↑ or ↓)	Covenant Normal Values *Diagnostic values vary from laboratory to laboratory	Dates: Admit day	Most Recent		
UA	Sp Gravity	1.005-1.030	1.020	1.019	—	—
	Protein	Neg	100	100	↑	
	Glucose	Neg	Neg	Neg	—	—
	Ketone	Neg	Neg	15	—	—
	Nitrite	Neg	Neg	Neg	—	—
	Leukocytes	Neg	Neg	Neg	—	—
	Bilirubin	Neg	Neg	Neg	—	—
	Blood	Neg	3-5	6-10	↑	↑
	pH	5.0-7	5.0	5.5	—	—
Other Labs						

Date	Culture	Site	Result
10/24	Blood	peripheral	Proteus Mirabilis
—	Urine	—	—
10/29	Wound	Abd	Mixed
—	Wound	—	—

Other Diagnositic / Procedures

Examples: CT/Xray/MRI/Paracentesis

Date	Type	Result
10/29	X-ray	stable opacity in L lung w/in mid abd.
10/31	CT abd pelvis	loop of small bowel
11/01	periph. vascular US	acute occlusive superficial vein thrombosis

Point of Care Glucose Results

Date	Time	Result	Date	Time	Result

Student Name: Mya Flores Unit: S7 Pt. Initials: — Date: 11/2/21

Adult/Geriatric Critical Thinking Worksheet

1. Disease Process & Brief Pathophysiology-	2. Factors for the Development of the Disease/Acute Illness-	3. Signs and Symptoms-
Necrotizing Fasciitis: serious inf. of skin, the tissue just beneath the skin, and tissue that covers internal organs can be caused by several types of bateria and can arise suddenly & spread quickly.	- wounds - P - immuno supressed - P - streptoccal strain	- pain - P - Fever - P - sore throat - N\V - diarrhea - chills - body aches - P
4. Diagnostic Tests pertinent or confirming of diagnosis-	**5. Lab Values that may be affected-**	**6. Current Treatment-**
- MRI - P - Fasciitis LRINEC (laberatory risk indicator for necrotizing Fasciitis) - Blood Tests - P - CT	- WBC - P - RBC - P - PLT - HCT - P - HBG - P	- IV anntbiotics - P - surgery to remove - P dead tissue

Adopted: August 2016

Student Name: _____ Unit: _____ Pt. Initials: _____ Date: _____

7. Focused Nursing Diagnosis:

Impaired tissue integrity

8. Related to (r/t):

stomach & coccyx skin insuries.

9. As evidenced by (aeb):

wound vac in place and pressure injury on coccyx

10. Desired patient outcome:

For the pts tissue to heal @ least 50% by November 16, 2 weeks after being admitted

11. Nursing Interventions related to the Nursing Diagnosis in #7:

1. Encourage use of pillows, foam wedges, & pressure reducing devices

Evidenced Based Practice:

To prevent pressure injury

2. Wet dressings thoroughly w/ normal saline solution before removal

Evidenced Based Practice:

saturating dressings will ease removal by loosening adherents & decreasing pain

3. Maintain the head of the bed at lowest degree of evaluation possible

Evidenced Based Practice:

Reduce shear & Friction

12. Patient Teaching:

1. Take full antibiotic course
2. Teach pt & Family proper wound care
3. Teach pt about ↑ protein & ↑ calorie diet to promote healing.

13. Discharge Planning/Community Resources:

1. PT
2. OT
3. Home Health

Adopted: August 2016