

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 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: 1030

diagnosis: osteomyelitis, right tibia pilon fracture

general appearance: laying in bed, calm, on the phone. linens are clean and dry.

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

LOC: oriented x4

sensation: feels sharp/dull in all extremities equally. Pt, able to wiggle toes in affect limb cap refill <3

strength: HGTW equal strong bilaterally

coordination: movements purposeful

speech: speaks english clearly Pupil: 3mm PERRL

**Comfort level: Pain rates at** 5 **(0-10 scale) Location:** right lower limb

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

friendly/talks/interacts w/staff

**EENT** (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) EENT: symmetric/ no drainage oral mucosa pink.

dentation: no missing teeth/clean

nodes: not palpable

swallowing: no difficulty while eating/taking meds

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

chest: symmetrical trachea midline

breath sounds: CTA Rate: 16 even/unlabored

room air: 95%

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

s1& s2 audible auscultation regular rate/rhythm apical rate: 89

radial 2+ bilaterally rate 89, pedal pulse 2+ in left leg, unable to check pedal pulse in right affect

lower limb due to cast, sensation intact at toes of affected limb and cap refill <3

B/P: 166/96, denies chest pain

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## IM1 Patient Physical Assessment Narrative

**Gastrointestinal** (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) bowel habits: once-twice times a day, normal in color and consistency type 4

abdomen: soft to palpation sounds: active hyper x4

Last BM 03/29

**Genitourinary-Reproductive** (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) voids clear yellow urine, adequate amount denies odor/discharge or pain.

Urine output (last 24 hrs) 500 mL **LMP** (if applicable) \_\_\_\_\_

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

alignment equal/even sitting in bed, posture laying in bed, mobility impaired due to unable to bear weight on right affect lower limb. moves all extremities, able to wiggle toes and exstend @ knee in affected right lower limb

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

skin warm, dry, incision on right lower limb (tibia fracture), skin color appropriate to race, tugor elastic

**Wounds/Dressings**

incision to right lower limb, cast placed.

**Other**

N/A