

Student Name: Taylor Blackford

Date: 11/29/22

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)

0750, CVA, well groomed + well taken care of

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

Alert + oriented x4, no tingling or numbness in extremities, LLL was weak to lift + move. Speech is clear + understandable. Pupils are PERRL

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

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

Friendly to staff + family. She was cooperative but ready to go home.

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

EENT are symmetrical w no drainage. Reports a cough w no secretions. Eats well + has all her teeth. No swollen nodes + swallowed all meds + food w/o complication

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

Chest rises + falls symmetrically. Breath sounds are clear in all quadrants bilaterally. Respiratory rate is 20 w no distress. Equal depth upon inhale + exhale. Pattern and rhythm are consistent

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

No abnormal heart sounds. apical + radial rate 84. rhythm is audible + clear S₁ + S₂. Radial + pedal pulse 2+ bilaterally. Pattern has no abnormalities. BP runs high 157/84

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Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Bowel habits active - reports diarrhea. Abdomen is soft & non tender to palpation. Bowel sounds are active in q4 quadrants

_____ Last BM 11/28/22

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) urinate few times a day. Has BHP. Color is yellow with no blood or cloudy look. No foul smells. No unusual discharge

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

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) Patient sits upright. No leaning to one side or other. Holds herself upright. She ambulates w a walker. Gait is steady w walker. Moves all extremities but weak on LLL

Skin (skin color, temp, texture, turgor, integrity) Skin is appropriate color for race. Temp is warm. Skin is intact and soft. Turgor is elastic and integrity is intact

Wounds/Dressings no wounds but L ac 20g INT

Other

Diagnostic Worksheet

Taylor Blackford

11/27/20 11/27/20

Mark high / low values with (↑ or ↓)	Covenant Normal Values <small>*Diagnostic values vary from laboratory to laboratory</small>	Dates		Mark high / low values with (↑ or ↓)	Covenant Normal Values <small>*Diagnostic values vary from laboratory to laboratory</small>	Dates	
		Admit day	Most Recent			Admit day	Most Recent
CBC							
WBC	3.6-10.8 k/uL	8.3	8.3	↑			
HGB	14-18 g/dL	15.1	14.3	↓			
HCT	42% - 52%	45.7	41.1	↓			
RBC	4.7-6.1 m/uL	5.09	5.04	↑			
PLT	150 - 400 k/uL	311	276	↓			
CMP							
Glucose	70-110 mg/dL						
Sodium	134 - 145 mmol/L	139	140	↑			
Potassium	3.5 - 5.3 mmol/L	3.5	3.4	↓			
BUN	9-21 mg/dL	16	14	↑			
Creatinine	0.8-1.5 mg/dL	6.90	0.90	↓			
Chloride	98 - 108 mmol/L	110	112	↑			
Calcium	8.4 - 11.0 mg/dL	9.0	8.8	↓			
Mg++	1.6 - 2.3 mg/dL						
Total Protein	5.5 - 7.8 g/dL						
Albumin	3.4 - 5 g/dL						
Total Bilirubin	0.1 - 1.3						
AST(SGOT)	5 - 45 u/L						
ALT (SGPT)	7-72 u/L						
Alk Phos (ALP)	38 - 126 u/L						
Lipid Panel							
Cholesterol	200mg/dL						
TRIG	0-150 mb/dL	32	11	↓			
HDL	>60mg/dL	160	35	↓			
LDL	0-100 mg/dL						
Common							
GFR	Refer to lab specific data						
TSH	0.35 - 5.5 UIU/L						
Digoxin	0.8 - 2 ng/dL						
PT	10.0 - 12.9 secs						
INR	Therapeutic 2 - 3						
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 <small>*Diagnostic values vary from laboratory to laboratory</small>	Dates	
		Admit day	Most Recent
Sp Gravity			
Protein			
Glucose			
Ketone			
Nitrite			
Leukocytes			
Bilirubin			
Blood			
pH			
Other Labs			
Blood	Culture	Site	Result
Urine			
Wound			
Wound			
Other Diagnostic / Procedures			
Examples: CT/Xray/MRI/Paracentesis			
Date	Type	Result	Result
	Chest Xray	external films	
	CT	external films	
	MRI	archeoid cyst post fossa	
	ultrasound	mild homogeneous smooth pericard	
	echo - mild ↑ wall thickness	R hole	
Point of Care Glucose Results			
Date	Time	Result	Date

Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior to 12pm current day

Date: 11/29/22

Student Name: Taylor Blackford
 Patient Allergies: Morphine
 Primary IV fluid and rate:

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic):

Generic Name	Dosage with route and schedule	IVP- List diluent solution, volume, and rate of administration IVPB- List concentration and rate of administration	Patient specific therapeutic reasoning	Patient specific teaching with reasoning
Aspirin	325mg PO Daily		Treat/Prevent heart attack, strokes, chest pain	<ul style="list-style-type: none"> • Can cause Reye's syndrome • Report unusual bleeding • Alert Dr before surgery if you are on med. may need to stop • Skill need to maintain a healthy diet • Take at same time everyday • Takes up to 2 weeks for cholesterol levels to improve • Do not stop abruptly • Take even if you think you are better • Avoid alcohol • Report unusual bleeding • Do not stop med w/o talking to doctor first • Avoid alcohol • Report signs of numbness, muscle weakness + back pain, spinal cord back • Report unusual bleeding • Rotate injection sites
Atorvastatin	40mg PO Nightly		Treat cholesterol levels	
Carmedrol	3.125mg PO AC/HS		Treat high blood pressure	
Clopidogrel	75mg PO Daily		Lower risk of having a stroke, blood clot, or serious heart problems	
enoxaparin	40mg/0.4ml SC Daily		Prevent formation of blood clots	

Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day

Student Name: Izylan Blackford

Date: 11/22/22

Patient Allergies:

Primary IV fluid and rate:

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic):

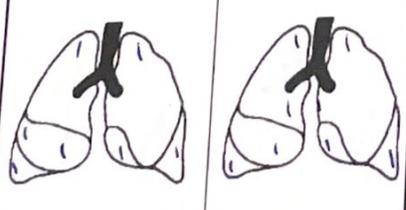
Glipizide	5mg PO Daily		Help control blood sugar levels	<ul style="list-style-type: none"> • Used w a healthy diet • Take before breakfast • Know signs of hyper/hypoglycemia
Insulin glargin	80 units SC AC		Improve blood sugar levels	<ul style="list-style-type: none"> • Rotate injection sites • Take at same time everyday • Throw away if insulin becomes frozen
Losartan	25mg PO Daily		Treat high blood pressure	<ul style="list-style-type: none"> • Drink plenty of fluids • May take 3-6 wks to improve BP • Keep taking even if you think you are better

Medication reference: www.drugs.com

PERIPHERALS 2+/-
 3+ bounding unable to occlude 0-Non palpable 2-Warm
 1+ Weak palpable R L
 Extremities Pink Red Cyanotic
 Cool Call Tenderness/Swelling Y N
 SCDs 3
 Tied loose Y N
 Capillary Refill Y N
 Pedal R L
 Radial R L
 Pedal R L

Follows...
 Muscle Strength L R
 Grip R L
 Comments to Questions Quiet Hostile/Angry
 Response to Questions Cooperative Grimace
 Realign Relaxed Appro. Concerned
 Restless Anxious Responsive Done for
 Facial expressions Full Sedation
 Seizure Precaution Neuro Assessment

Scale None gm str...
 Rate Y N
 Sensitivity @ Y N
 Transdermal wires Right subclavicular
 Epicardial Pacemaker WOL/US/DS/DC/AINS
 Permanent Pacemaker Left subclavicular
 INCLUSTIONS/WOL/US/DS/DC/AINS

<p>PERIPHERAL VASCULAR</p> <p>3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable</p> <p>Extremities <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Calf Tenderness/Swelling <input type="checkbox"/> R <input type="checkbox"/> L Ted Hose <input type="checkbox"/> Y <input checked="" type="checkbox"/> N SCDs <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Plexipulses Capillary Refill. <u>3</u> Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pulses: Radial R <u>2+</u> L <u>2+</u> Pedal R <u>2+</u> L <u>2+</u> Post Tib R _____ L _____ Comments: _____</p>	<p>NEUROLOGY/PSYCHOSOCIAL</p> <p>Family at bedside <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Sedated <input type="checkbox"/> Drowsy Cough Reflex <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Follows Simple Commands <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Gag <input type="checkbox"/> Y <input type="checkbox"/> N Muscle Strength (S-Strong, W-Weak, N-None) Grips: Rt <u>S</u> Lt <u>S</u> Pushes: Rt <u>S</u> Lt <u>W</u> Comments: <u>Lower left weak</u> Response to Questions: <input checked="" type="checkbox"/> Readily <input type="checkbox"/> Slowly <input type="checkbox"/> None <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Withdrawn <input type="checkbox"/> Friendly <input type="checkbox"/> Restless <input type="checkbox"/> Appro for age <input type="checkbox"/> Hostile/Angry <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Concerned Facial expressions: <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Grimace <input type="checkbox"/> Seizure Precaution <input type="checkbox"/> Sedation Vacation Done for Neuro Assessment Comments: _____</p>	<p>CARDIOVASCULAR</p> <p>Edema <input type="checkbox"/> Generalized <input type="checkbox"/> Dependent Pitting: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Skin Turgor WNL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Abnormal Heart Sounds <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Murmur <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PPM Site: _____ Rhythm: _____</p> <p>PACER SETTINGS</p> <p><input checked="" type="checkbox"/> None Rate _____ MA A _____ V _____ Sensitivity _____ Mode _____ Transvenous @ _____ cm Site _____ Epicardial wires <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular</p> <p>INCISIONS/WOUNDS/DRAINS</p> <p><input checked="" type="checkbox"/> None #1 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ <input type="checkbox"/> Comments _____ #2 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ <input type="checkbox"/> Comments _____ #3 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ <input type="checkbox"/> Comments _____ #4 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ <input type="checkbox"/> Comments _____</p>		
<p>GASTROINTESTINAL</p> <p><input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent Stool Color <u>brown</u> Consistency <u>pusy</u> Abdomen <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Guarding Bowel Sounds <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent X <u>4</u> Quadrants Appetite <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHT R or L Comments: _____</p>	<p>SKELETAL</p> <p>Moves Extremities <input checked="" type="checkbox"/> All <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input checked="" type="checkbox"/> LL <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Stiffness <input type="checkbox"/> Tenderness <input type="checkbox"/> Weak <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation _____ Gait <input type="checkbox"/> Steady <input checked="" type="checkbox"/> Unsteady Comments: <u>Lower left weak</u> <u>uses a walker</u></p>	<p>CHEST TUBES</p> <p><input checked="" type="checkbox"/> None #1 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #2 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #3 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____</p>		
<p>GENITOURINARY</p> <p>Urine <input type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input type="checkbox"/> Voids <input type="checkbox"/> Foley Size _____ Fr Insertion Date _____ <input type="checkbox"/> Urostomy <input checked="" type="checkbox"/> BRP <input type="checkbox"/> Urinal Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: _____</p>	<p>EYES, EARS, NOSE, THROAT</p> <p>Sclera <input checked="" type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red Scleral Edema <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Sore Throat: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Nasal Drainage: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Comments: _____</p>	<p>ARTERIAL AND VENOUS SITES</p> <p>A - Without Redness or Swelling B-Redness C-Swelling D-Dressing</p> <p><input type="checkbox"/> Jugular <input type="checkbox"/> R <input type="checkbox"/> L _____ Start: _____ <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L _____ Start: _____ <input type="checkbox"/> PICC <input type="checkbox"/> R <input type="checkbox"/> L _____ Start: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input checked="" type="checkbox"/> L <u>AD</u> Start: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L _____ Start: _____ <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> L _____ Start: _____ <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> PA @ _____ cm <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ Hemodialysis Access Location _____ <input type="checkbox"/> Graft <input type="checkbox"/> AV Fistula <input type="checkbox"/> Thrill <input type="checkbox"/> Bruit</p>	<p>PULMONARY</p> <p>Respirations: <input checked="" type="checkbox"/> No Distress <input type="checkbox"/> SOB <input type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input type="checkbox"/> Tachypnea <input checked="" type="checkbox"/> RA O2 <input type="checkbox"/> NC <input type="checkbox"/> Venti Mask <input type="checkbox"/> Trach Collar <input type="checkbox"/> Non rebreather <input type="checkbox"/> F-Piece <input type="checkbox"/> Ventilator <input type="checkbox"/> BiPAP/CPAP # _____ ETT @ _____ cm # _____ Shiley Trach BVM at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Obturator at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Non Productive <input type="checkbox"/> None Secretions: Color _____ Consistency _____ Amt <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: _____</p>	<p>LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub</p>
<p>SKIN ASSESSMENT</p> <p><input checked="" type="checkbox"/> Skin Intact Skin assessment codes: 1. Abrasions 2. Decubitis 3. Bruises 4. Incision 5. Redness 6. Edema 7. Rash 8. Lacerations 9. Petechiae 10. Hematoma 11. Blister 12. Stoma 13. Sutures 14. Staples 15. Other _____ Skin Color normal for patient <input checked="" type="checkbox"/> <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Shiny <input type="checkbox"/> Clammy <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic Braden Scale Score _____ <input type="checkbox"/> If Braden Scale \leq 18 initiate Skin Care Protocol Comments: _____</p>	<p></p> <p>Inhale exhale</p>	<p>SKIN ASSESSMENT</p> <p><input checked="" type="checkbox"/> Skin Intact Skin assessment codes: 1. Abrasions 2. Decubitis 3. Bruises 4. Incision 5. Redness 6. Edema 7. Rash 8. Lacerations 9. Petechiae 10. Hematoma 11. Blister 12. Stoma 13. Sutures 14. Staples 15. Other _____ Skin Color normal for patient <input checked="" type="checkbox"/> <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Shiny <input type="checkbox"/> Clammy <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic Braden Scale Score _____ <input type="checkbox"/> If Braden Scale \leq 18 initiate Skin Care Protocol Comments: _____</p>		

Initial Assessment See Narrative for Additional information Signature Tayan Blackford Date: 11/29/22 Time: 0750
 No Changes to initial assessment See Narrative for Signature _____ Date: _____ Time: _____
 No Changes to previous assessment See Narrative for Signature _____ Date: _____ Time: _____

TAYAN Blackford