

Student Name: Leslie Boatman

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)

Time of assessment: 0936

admit diagnosis: UTI and Nausea/Vomiting with influenza

general appearance: Clear and well kept

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

LOC: alert and oriented x4, has trouble responding to questions

due to down syndrome, stutter present with speech

sensation intact x6, HGTW strong bilaterally

movements purposeful and coordinated

pupils 3 mm equal round and reactive to light

Comfort level: Pain rates at 0 (0-10 scale) Location: N/A

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

affect: calm and relaxed

interacts appropriately with staff and family

mother at bedside

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) face is symmetrical, no palpable nodes

no drainage of eyes, ears, or mouth. Minimal drainage of

nose and moderate thick green production from cough.

all teeth present pink moist mucosa swallows without aspiration.

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

symmetrical chest, trachea midline

respirations 16 on room air, pt able to take deep breath

rhythm and pattern equal

breath sounds clear to auscultation bilaterally

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

S1 and S2 audible with regular pattern and rhythm

apical and radial pulse = 77

radial and pedal pulse 2+ equal bilaterally

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Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) pt usually has daily BM with colostomy, usually type 3 and brown. abdomen appears flat and soft. abdomen is nontender to palpation

Last BM 11/28/22

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) no frequency or urgency
continence: pt has a urostomy
urine is amber, presence of blood and sediment, no odor
no vaginal discharge or bleeding

Urine output (last 24 hrs) 2990 **LMP** (if applicable) last month

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities)
alignment is symmetrical, posture is upright.
has steady gait and can walk independently
full mobility of upper and lower extremities
movements of extremities are coordinated and purposeful
no deformities noted

Skin (skin color, temp, texture, turgor, integrity)
skin color is normal for face, skin is intact
temp is warm, texture is dry
turgor is elastic
braden scale score of 21

Wounds/Dressings
right peripheral IV dressing is without redness or swelling
clean, dry and intact.
no irritation to skin with urostomy or colostomy.

Other

Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day
Student Name: Leslie Boatman **Date: 11/29/2022**

Patient Allergies: NKDA

Primary IV fluid and rate: D5 ½ NS 100 mL/hr

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic): isotonic until dextrose is metabolized, then hypotonic. Used bc pt was losing blood in her urine and her CBCs were all low.

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
Ceftriaxone	1g IVP once daily	1g/10mL reconstituted IVP over 3 – 5 minutes	Pt was on an antibiotic to treat her UTI	- I would teach pt about thrombocytosis bc she is lying in bed more due to fatigue from influenza. I would teach pt to try and walk a little bit everyday even when she is tired to avoid DVTs, I would suggest wearing SCDs - I would teach to take all of the dose once she gets sent home to avoid MRSA.
Oseltamivir	75mg capsule twice daily		Pt was taking this to treat influenza	- I would teach pt that this medication can cause abdominal pain bc she has a colostomy and could think the pain is from that - I would teach that the medication could worsen the nausea and vomiting that she was admitted to the hospital with and to report if this happens.

Medication reference: Medscape

