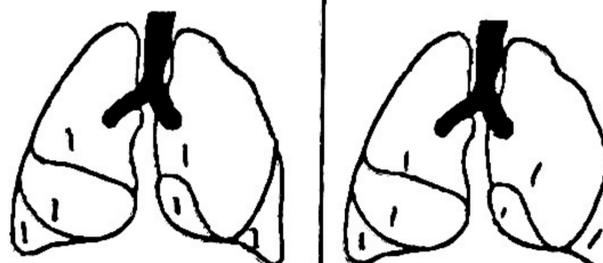


PERIPHERAL VASCULAR	NEUROLOGY/PSYCHOSOCIAL	CARDIOVASCULAR
3+ Bounding unable to occlude 2+ Strong able to occlude 1+ Weak palpable 0-Non palpable Extremities: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool Calf Tenderness/Swelling <input type="checkbox"/> R <input type="checkbox"/> L Ted Hse <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>43</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 <u> </u> L <u> </u> Comments: <u> </u>	Family at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Alert <input checked="" 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) Grps Rt. <u>S</u> Lt. <u>W</u> Pushes: Rt. <u>S</u> Lt. <u>W</u> Comments: <u> </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 Withdrawn 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 checked="" 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: <u>CC</u>	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: <u> </u> Rhythm: <u> </u>
GASTROINTESTINAL	SKELETAL	PACER SETTINGS
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input checked="" type="checkbox"/> Incontinent Stool Color <u>Brown</u> Consistency <u>Tur 3 1/2</u> Abdomen <input checked="" 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 <input checked="" type="checkbox"/> 4 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: <u> </u>	Moves Extremities <input type="checkbox"/> All <input checked="" type="checkbox"/> RA <input type="checkbox"/> RL <input checked="" type="checkbox"/> LA <input type="checkbox"/> LL <input checked="" type="checkbox"/> Pain <input type="checkbox"/> Swelling <input checked="" type="checkbox"/> Stiffness <input checked="" type="checkbox"/> Tenderness <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Deformities <input checked="" type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation <u> </u> Gait <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady Comments: <u>Bilateral lower extremities contracture. LA weak</u>	<input checked="" type="checkbox"/> None Rate <u> </u> MA A <u> </u> V <u> </u> Sensitivity <u> </u> Mode <u> </u> Transvenous @ <u> </u> cm Site <u> </u> <input type="checkbox"/> Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular
GENITOURINARY	EYES, EARS, NOSE, THROAT	INCISIONS/WOUNDS/DRAINS
Urine <input checked="" 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 checked="" type="checkbox"/> Foley Size <u>16</u> Fr Insertion Date <u>1/26</u> <input type="checkbox"/> Urostomy <input type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input type="checkbox"/> BSC <input checked="" type="checkbox"/> Incontinent Comments: <u>Brief</u>	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: <u> </u>	<input type="checkbox"/> None #1 Location <u>Anterior greater trochanter</u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input checked="" type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <u> </u> <input type="checkbox"/> Open to Air <input checked="" type="checkbox"/> Dressings <u>Elastic foam</u> <input checked="" type="checkbox"/> Comments: <u>Pressure injury</u> #2 Location <u>Anterior knee abrasion</u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input checked="" type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <u> </u> <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <u> </u> <input type="checkbox"/> Comments: <u> </u> #3 Location <u>Lower shin pressure injury</u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input checked="" type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <u> </u> <input type="checkbox"/> Open to Air <input checked="" type="checkbox"/> Dressings <u>Elastic foam</u> <input type="checkbox"/> Comments: <u> </u> #4 Location: <u> </u> <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 <u> </u> <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <u> </u> <input type="checkbox"/> Comments: <u> </u>
ARTERIAL AND VENOUS SITES	PULMONARY	CHEST TUBES
A-Without Redness or Swelling B-Redness C-Swelling D-Dressing <input type="checkbox"/> Jugular <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input type="checkbox"/> PICC <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input checked="" type="checkbox"/> Peripheral <input type="checkbox"/> R <input checked="" type="checkbox"/> L <u>A.D. 20g</u> Start: <u>1/27/23</u> <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> PA @ <u> </u> cm <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> Hemodialysis Access Location <u> </u> <input type="checkbox"/> Graft <input type="checkbox"/> AV Fistula <input type="checkbox"/> Thrill <input type="checkbox"/> Bruit	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 <u>2L</u> <input checked="" type="checkbox"/> NC <input type="checkbox"/> Vent Mask <input type="checkbox"/> Trach Collar <input type="checkbox"/> Non rebreather <input type="checkbox"/> T-Piece <input type="checkbox"/> Ventilator <input type="checkbox"/> BiPAP/CPAP <input type="checkbox"/> ETT @ <u> </u> cm # <u> </u> Shiley Trach <input type="checkbox"/> BVM at bedside <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Obturator at bedside <input type="checkbox"/> Y <input type="checkbox"/> N Cough <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input checked="" type="checkbox"/> None Secretions: Color <u> </u> Consistency <u> </u> Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: <u> </u>	<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 <input type="checkbox"/> <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: <u> </u> #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 <input type="checkbox"/> <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: <u> </u> #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 <input type="checkbox"/> <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: <u> </u>
SKIN ASSESSMENT	LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub	
<input type="checkbox"/> Skin Intact Skin assessment codes: 1. Abrasions 2. Decubitus 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: <u> </u> 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 <u>14</u> <input checked="" type="checkbox"/> If Braden Scale \leq 18 initiate Skin Care Protocol Comments: <u>Turn q 2hr</u>		

Initial Assessment See Narrative for Additional information Signature Lupe Carrillo Date 1/31/23 Time 0830
 No Changes to initial assessment See Narrative for s Signature _____ Date: _____ Time: _____
 No Changes to previous assessment See Narrative for s Signature _____ Date: _____ Time: _____

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

Student Name: Lupe Carrillo Date: 1/31/23

Patient Allergies: Levofloxacin, Cefaclor, Adhesive and tape
 Primary IV fluid and rate: INT

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

<u>Risperidone</u>	<u>2mg tablet PO Daily</u>		<u>Antipsychotics</u>	<u>1 will check pt's oral mucosa risk of dry mouth</u> <u>2 risk of back pain / joint stiffness</u> <u>Turn 2 and range of motion on limbs</u>
	<u>100mg tablet PO Daily</u>		<u>Anti-depressants</u>	<u>1 can cause insomnia best to take in morning</u> <u>2 risk of tachycardia will monitor patient pulse</u>
<u>Sertraline</u>	<u>100mg tablet PO Daily</u>		<u>Anti-depressants</u>	<u>1 risk of suicidal ideation monitor/report if patient has thoughts of harming her self</u> <u>2 can cause blurred vision will ask pt if she has had any vision changes</u>
<u>Trazadone</u>	<u>100mg tablet PO nightly</u>		<u>Anti-depressants</u>	<u>1 increase risk of bleeding</u> <u>2 can cause blurred vision will ask pt if she has had any vision changes</u>
<u>Enoxaparin</u>	<u>40mg Subq Daily</u>	<u>40mg / 0.4ml</u>	<u>Anticoagulants</u>	<u>1 increase risk of bleeding</u> <u>2 can cause blurred vision will ask pt if she has had any vision changes</u>
<u>Lovenox</u>	<u>40mg Subq Daily</u>		<u>Anticoagulants</u>	<u>1 increase risk of bleeding</u> <u>2 can cause blurred vision will ask pt if she has had any vision changes</u>
<u>Hydro morphine</u>	<u>PO, PRN 4mg 03h</u>		<u>Analgesics Narcotic</u>	<u>1 risk of respiratory depression call if you are feeling short of breath</u> <u>2 will cause constipation report if they have trouble going to a bowel movement.</u>
<u>Dilaudid</u>	<u>4mg tablet</u>		<u>Analgesics Narcotic</u>	<u>1 risk of respiratory depression call if you are feeling short of breath</u> <u>2 will cause constipation report if they have trouble going to a bowel movement.</u>

Medication reference:

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

Student Name: Lupe Carrillo

Date:

Patient Allergies: Levofloxacin, Cefaclor, Adhesive and Tape

Primary IV fluid and rate: none / INT

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
Baclofen	20mg tablet PO, TID		Skeletal Muscle Relaxant for spasticity due to pts MS.	① risk of Transient drowsiness report if having trouble sleeping ② will monitor BP will cause hypotension
Fluconazole in Saline (Diflucan)	IVPB 200mg Daily	100 mL/hr 100mL = 200mg of 2mg/mL	Antifungal Candida UTI	① report if experiencing a headache ② will monitor pts Liver Function test can cause hepatotoxicity
Gabapentin	1200mg Capsule TID, PO		Neuro Pathy	① take with food risk of Nausea ② may feel drowsy/sleep Cluster care so pt can rest
Nystatin	Powder 30g Topical		Dermatological/prevent help treat fungal/yeast infection on skin (used around legs/feet)	① increase skin irritation clean area before applying ② report any itching as it may increase of affect area
Pantoprazole	40mg PO, Daily before breakfast		GERD	① keep water cup at bedside can increase thirst ② report any vision changes

Student Name: Guadalupe Carrillo

Date: 1/31/23

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)

0830, Chronic UTI (+ candida Albicans in urine),
Pt looked tired, stated she couldn't sleep last night.

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

Alert, oriented X4, hand grip ~~and~~ pushes strong on
right side and weak on left hand. movements are purposeful
and coordinated with a tremor. Speaks english and slowly response
to questions, Pupils 3mm equal, round, reactive to light. Bilateral
lower extremities are contracted, stiffness, and very tender. Sensation Intact ^{XCP.}

Comfort level: Pain rates at 7 (0-10 scale) Location: lower back and legs

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

affect - calm and friendly
interacts with staff and answers to questions slowly
and appropriate for age

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

EENT - symmetrical with no drainage and intact
Oral mucosa pink and moist, no palpable nodes, swallows
without difficulty, teeth intact no missing teeth.

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

Chest configuration symmetrical, breath sounds clear
bilaterally, rate of 16 bpm, depth even and unlabored
patteren and rhythm equal, on nasal cannula 2 Liters
of Oxygen.

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

Heart sounds S1 and S2 with regular pattern
Apical rate of 80, radial rate 83, rhythm within range
radial and pedal pulse +2 bilaterally.

Student Name: Guadalupe Carrillo

Date: 1/31/23

Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) bowel habits brown Type 3

abdomen soft with no tenderness to palpation
active bowel sound ~~all~~ quadrants

Last BM Type 3 on 1/28

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) 11e F Foley inserted on 1/26/23

Urine clear, yellow, with no sediment

no vaginal odor, discharge and bleeding

presents without frequency or urgency

Urine output (last 24 hrs) 1000ml LMP (if applicable) postmenopausal

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

Bed bound, alignment asymmetrical, upright with pelvic torsion and contractures to bilateral lower extremities that are tender and painful with movements. tremors with voluntary movements in upper extremities

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

skin color appropriate for race, skin warm bilaterally texture, dry ~~and intact~~, Tugor elastic. pressure injury

to (R) anterior greater trochanter reddened non blanchable

with Allyene dressing. (L) lower shin pressure injury reddened non blanchable with Allyene dressing.

Wounds/Dressings

20g Right forearm inserted on 1/27/23 clean dry, and Intact without redness or swelling with dressing.

(L) anterior knee abrasion open to air.

Other