

Narrative Assessment:

General Information: (time of assessment, admit diagnosis, general appearance)

- Assessed @ 8:20, pt. admitted for L femoral condylar fracture following a fall, pt. was awake and calm, appears clean and well kept

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

- Alert and oriented x4, pupils 3mm, round, equal, and reactive to light bilaterally, strength grip strong bilaterally, push strength strong bilaterally, HGTW equal and strong bilaterally, responds appropriately to soft and sharp sensation bilaterally x6, movements coordinated and purposeful bilaterally, speaks English clearly

Comfort level: pain rates at 7 (0-10 scale) Location: L knee area

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

- Cheerful affect, interacts appropriately with family, friends, and staff

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

- Sclera white and without drainage, ears symmetrical and without drainage, nasal septum midline without drainage, oral mucosa pink and moist, dentition intact, swallows without difficulty, no nodes palpable

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

- Chest symmetrical, trachea midline, breath sounds clear to auscultation in all lobes bilaterally, respirations 18 at an appropriate depth, respirations even and unlabored, patient on RA, O2 sat: 98%

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

- S1 and S2 audible at sinus rhythm, apical rate 72, radial pulse rate 72, radial and pedal pulses 2+ equal bilaterally, nailbeds pink, capillary refill <3sec. blood pressure 116/51

Gastrointestinal: (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation)

- Abdomen flat, soft, and nontender, active bowel sounds x4 quadrants, last bowel movement 4/18, patient states it was brown and hard to pass (not observed)

LBM: 4/18

Genitourinary- reproductive: (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge)

- Patient voids clear and yellow urine, patient states she goes 6-8 times a day, denies urgency, denies abnormal odor, patient is postmenopausal, denies abnormal vaginal bleeding or discharge

Urine output (last 24 hours): >1000mL **LMP:** post-menopausal

Musculoskeletal: (alignment, posture, mobility, gait, movement of extremities, deformities)

- Alignment straight, posture upright, ambulates to bathroom with assistive device (walker), NWB on L leg, gait not observed, moves all extremities, no deformities noted

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

- Skin color appropriate for race, skin warm and dry, incision to L knee, turgor elastic, texture appropriate for age, temp. 96.4

Wounds/dressings:

- Incision on L knee post ORIF of left femoral condylar fracture, incision stapled and dressed with foam dressing, dressing dry and intact, R peripheral IV being used INT, site without swelling, dressing clean, dry and intact