Student Name: Christopher Tsai____ **Date: 09/19/2023**

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: 1000 AM. Pt is 57 years old male admit with Seizure like activities, Diabetes mellitus, and he is also on ESRD-Hemodialysis. Pt have obesity problem have multiple bruises on the back and wounds on lips and tongue. It is due to recent fell, one time with seizure like activity and the other time is due to hypoglycemia.

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

Pt have LOC x 4. Have good sensory and strong push and pull. ROM on all extremities. Pt is coordinate to do the daily activities but due to the fall history is on high fall risk and required assistant/ walker to go to bathroom and shower. Pt can speak readily and follow simple commands. Pupil react the pen light PERRLA with + 3mm.

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

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

Pt have family by the bedside, wife and daughter. Pt appears to be relaxed and comfortable and have good interaction with family and staffs. He is also very polite when he require an assistance.

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) Pt have symmetrical face and expression. No drainage form mouth, nose, eyes. Pt have symmetrical teeth and no missing. There is wounds on the lips and tongue and part of mucosa damaged due to the fall. No palpable nodes and pt can swallow pills without problem.

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

Pt's chest is symmetrical, no chest tube. Breathing is steady around 14~16/min, no crackle, no skipping.

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Cardiovascular (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)
Pt. have a little murmur sounds in the heart but can still differentiate S1 and S2. In the lab pt have K+ level at 7.1 which can indicate further heart problem. Pt is having telemetry to monitor heart activities. Radial pulse 2+ and pedal pulse 1+ are both present bilaterally .

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Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation)
Pt report to have constipation but having regular bowel movement once a day usually in the morning. Abdomen area have a beer belly round appearance and firm to touch. Having active bowel sound in all quorums.

Last BM 9/18

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge**)** Pt repot to have yellow and clear urine. However on the lab on 9/18 shows urine sample have moderate blood and both protein, glucose are present. Pt have background of DM and hemodialysis.

___**Urine output** (last 24 hrs) **N/A**_____**LMP** (if applicable) _____

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities)
Pt have all limb alignments. No posture problem but due to obesity he has low/moderate mobility and unsteady gait required walker and assistance to move around in the room. ROM on all extremities is good. Pt have left hand finger deformity.

Skin (skin color, temp, texture, turgor, integrity)
Pt have warm and normal skin tone to the race. Pt report to have some dry skin around feet area. Already give pt lotion after shower. No break down on the dry skin area. Skin is elastic and no pitting.

Wounds/Dressings
Pt have multiple bruises at the back mostly at the left side. He also has punctured bilateral lips and wound on tongue due to the hypoglycemia and seizure like incidents.

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Patient Physical Assessment Narrative

Other

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