

Student Name: Jalyn Colglazier

Date: 9/19/23

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)

Time of assessment: 0900. Admit diagnosis: acute on chronic kidney injury. Pt is sitting upright in bed with HOB raised about 45 degrees. HE responded readily to questions and follows simple commands.

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

Alert and oriented X4. Pupils 3mm equal, round, and reactive to light. (PERRL) Moves all extremities but very weak. Exhibiting Parkinson like tremors and that is a new onset 2 days ago. Tremors seem to be worse when he is trying to grab something or stand up. Responds to dull and sharp sensations X6. HGTW equal and strong. Speaks English clearly.

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

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

Sad affect due to no answers for his new onset of tremors and weakness. Interacts appropriately with staff and family.

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

Sclera clear and white, without drainage but wears glasses. Ears symmetrical, auditory canals without drainage. Hears spoken voice without difficulty. Nasal septum midline, mucosa pink, oral mucous membranes pink, moist, intact. Neck supple with no palpable lymph nodes. Patient has all of teeth.

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

Chest symmetrical, trachea midline. Respirations 18, even, shallow, and unlabored. Breath sounds clear in all lobes. Breathing room air. O2 sat at 94%.

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

S1 and S2 audible with even rate and rhythm. Radial rate 86. Apical rate 86, radial pulses 2+ bilaterally, edema noted in right upper arm. B/P 132/88. Pt has history of hypertension. Nail beds pink, capillary refill <3 seconds.

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Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Abdomen flat and non tender X4 quadrants. Active bowel sounds X4.

Did not observe bowel movemnt, pt states brown/ loose.

Last BM 1 day ago

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Pt urinates Q2 hours in bedside commode. Pt is continent of

bladder. Vaginal bleeding not applicable. Voids clear yellow urine, about 200 ml each void. No odor, no discharge.

Urine output (last 24 hrs) 5 times LMP (if applicable) N/A- male

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

Gait unsteady X1 assist. Uses bedside commode because of weakness and tremors.

Skeletal alignment symmetrical. No skeletal deformities.

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

Skin warm, dry, intact X4. Color is appropriate for race but appears slightly pale.

Turgor on clavicle is elastic.

Wounds/Dressings

Right AC 18 gauge- without redness and has a clean/ dry dressing.

Other

Pt has a history of liver transplant 3 years ago, hypertension, anemia in chronic kidney disease, CKD stage 4, hypernatremia, hypoalbuminemia. Pt has had 2 units of packed RBC.