

Student Name: Aina MillsDate: 02/13/24

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: 08:00Admit diagnosis: Pneumoperitoneum, ~~Duodenal~~^{AM} ulcer
perforated duodenum ulcerGeneral Appearance: comfortable and well groomed

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

A&O x4, Sensation intact x6, HGTW, patient is coordinated in
all extremities, speech is clear no abnormalities, PERRLA
pupils 3mm.

Comfort level: Pain rates at 9 out of 10 (0-10 scale) Location: abdomen incision site

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

Affect: friendly and calm

Appropriate interactions with family and staff.

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) facial symmetry noted, no drainage of eyes, ears,
nose and throat. Mouth is pink and moist. Teeth are
small and chipped with some missing teeth. Patient is
able to swallow. No lymph distention.

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

Symmetrical chest, clear breath sounds in upper lobes
and diminished in lower lobes, Respiration rate: 18,
~~Deep~~^{am} Eupnea ^{my} rate and unlabored pattern with equal
rhythm.

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

No heart murmur heard, Apical rate: 80 Radial rate: 72,
regular rhythm, +2 R & L radial pulse +2 R & L pedal pulse,
heart beats in an equal pattern.

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Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Patient states "Stools have been mushy", Abdomen has no distention, Bowel sounds active in all 4 quadrants, patient does complain of tenderness on palpation near incision site.

Last BM 02/12/24

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Patient states she urinates "every 30 minutes to an hour", patient complains of urgency to urinate, patient is able to void, patient states urine is "yellow and clear" and "without odor", patient denies any abnormal (see other)

Urine output (last 24 hrs) ~ 6 LMP (if applicable) post-menopausal

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

Alignment of spine appears straight, posture is upright, moves all extremities with some complaints of shoulder pain. Gait is unsteady with xl assist or walker, deformities noted in hands (ulnar deviation).

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

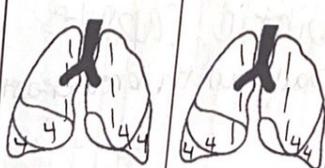
Skin color is appropriate to race, warm to touch x4, texture is soft, skin turgor elastic, skin is not intact due to incision.

Wounds/Dressings

Abdominal midline incision open to air without any redness or drainage.
Rt Jugular CVA is without redness and dressing is dry.

Other

patient denies any abnormal bleeding or discharge.

PERIPHERAL VASCULAR	NEUROLOGY/PSYCHOSOCIAL	CARDIOVASCULAR
3+ Bounding unable to occlude 2+ Strong able to occlude 1+ Weak palpable 0-Non palpable Extremities: <input 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 Hose <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N SCDs <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Plexipulses Capillary Refill: 3 Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pulses: Radial R <u>12</u> L <u>12</u> Pedal R <u>12</u> L <u>12</u> Post. Tib. R _____ L _____ Comments: _____	Family at bedside <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <u>Husband</u> <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 checked="" type="checkbox"/> Y <input type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N-None) Grips: Rt. <u>S</u> Lt. <u>S</u> Pushes: Rt. <u>S</u> Lt. <u>S</u> Comments: _____ Response to Questions: <input 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 checked="" type="checkbox"/> Friendly <input type="checkbox"/> Restless <input 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 type="checkbox"/> Responsive <input type="checkbox"/> Grimace <input type="checkbox"/> Seizure Precaution <input type="checkbox"/> Sedation Vacation Done for Neuro Assessment Comments: _____	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 PPM Site: _____ Rhythm: _____
GASTROINTESTINAL	SKELETAL	PACER SETTINGS
<input checked="" type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent Stool Color _____ Consistency <u>Water</u> Abdomen: <input 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 X4 Quadrants Appetite: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHT R or L Comments: <u>Last BM: 02/12</u>	Moves Extremities: <input checked="" type="checkbox"/> All <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Stiffness <input type="checkbox"/> Tenderness <input type="checkbox"/> Weak <input checked="" type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation _____ Gait <input type="checkbox"/> Steady <input checked="" type="checkbox"/> Unsteady Comments: <u>pain in shoulders</u> <u>Deformities in hands</u> <u>HGTW</u>	<input checked="" type="checkbox"/> None Rate _____ MA: A _____ V _____ Sensitivity _____ Mode _____ Transvenous @ _____ cm Site _____ Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular
GENTOURINARY	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 checked="" type="checkbox"/> Voids <input type="checkbox"/> Foley Size _____ Fr Insertion Date _____ <input type="checkbox"/> Urostomy <input type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: <u>gets every 30 minutes</u> <u>urgency</u>	Sclera: <input 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>stuffy nose</u> <u>no lymph dissection</u> <u>PERKLA</u>	<input checked="" type="checkbox"/> None #1 Location: <u>midline Abdomen</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 <input checked="" type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments: <u>no drainage</u> #2 Location: _____ <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 <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments: _____ #3 Location: _____ <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 <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments: _____ #4 Location: _____ <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 <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments: _____
ARTERIAL AND VENOUS SITES	PULMONARY	CHEST TUBES
A-Without Redness or Swelling B-Redness C-Swelling D-Dressing <input checked="" type="checkbox"/> Jugular <input checked="" type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> A <input type="checkbox"/> D Start: <u>1/30/24</u> <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L Start: _____ <input type="checkbox"/> PICC <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> PA @ _____ cm <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ Hemodialysis Access Location _____ <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: <input type="checkbox"/> NC <input type="checkbox"/> Venti 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 # _____ ETT @ _____ cm # _____ Shiley Trach BVM at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Obturator at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input checked="" type="checkbox"/> None Secretions: Color _____ Consistency _____ Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: _____	<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 _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #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 _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #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 _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____
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. Decubitis 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: 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>19</u> <input type="checkbox"/> If Braden Scale \leq 18 initiate Skin Care Protocol Comments: _____		

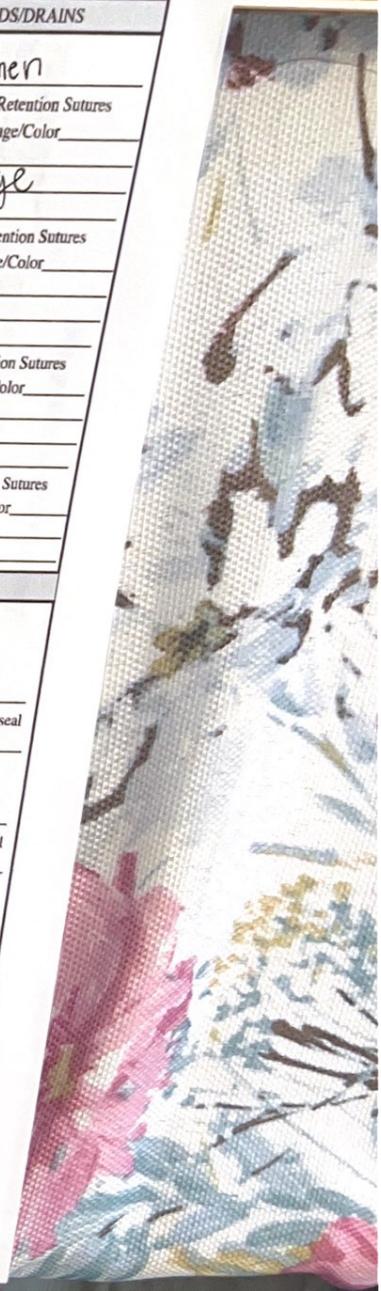
Initial Assessment See Narrative for Additional information Signature Ashia Mills Date: 2/13/24 Time: 8:00
 No Changes to initial assessment See Narrative for CS Signature _____ Date: _____ Time: _____
 No Changes to previous assessment See Narrative for CS Signature _____ Date: _____ Time: _____

COVENANT SCHOOL OF NURSING STUDENT DOCUMENTATION

DAILY ASSESSMENT KA

Pain on incision site
 and hands 9/10 Pupils 3mm
 Teeth are small & missing

Apical: 80
 Radial: 72
 Resp: 18
 Sensation: x6
 x1 assist or walker



Diagnostic Worksheet

Mark high / low values with (↑ or ↓)		Covenant Normal Values		Dates			Mark high / low values with (↑ or ↓)		Covenant Normal Values		Dates		
		*Diagnostic values vary from laboratory to laboratory.		Admit day	Most Recent				*Diagnostic values vary from laboratory to laboratory.		Admit day	Most Recent	
CBC	WBC	3.6-10.8 k/uL	20.11	6.63	↑	—	UA	Sp Gravity		X	X	X	X
	HGB	14-18 g/dL	8.6	8	↓	↓		Protein		X	X	X	X
	HCT	42% - 52%	26.3	24.4	↓	↓		Glucose		X	X	X	X
	RBC	4.7-6.1 m/uL	3.26	3.02	↓	↓		Ketone		X	X	X	X
	PLT	150 - 400 k/uL	359	308	—	—		Nitrite		X	X	X	X
CMP	Glucose	70-110 mg/dL	90	89	—	—		Leukocytes		X	X	X	X
	Sodium	134 - 145 mmol/L	128	131	↓	↓		Bilirubin		X	X	X	X
	Potassium	3.5 - 5.3 mmol/L	4	3.3	—	↓		Blood		X	X	X	X
	BUN	9-21 mg/dL	31	14	↑	—		pH		X	X	X	X
	Creatinine	0.8-1.5 mg/dL	0.9	0.6	—	↓		Other Labs					
	Chloride	98 - 108 mmol/L	100	99	—	—		Date	Culture	Site	Result		
	Calcium	8.4 - 11.0 mg/dL	8.5	8.6	—	—			Blood				
	Mg++	1.6 - 2.3 mg/dL	X	1.9	X	—			Urine				
	Total Protein	5.5 - 7.8 g/dL	5.3	5.9	↓	—		1123	Wound	peritoneal	+	Candida 3+ wBC at	Gram - cocci
	Albumin	3.4 - 5 g/dL	1.7	1.9	↓	↓		Wound					
	Total Bilirubin	0.1 - 1.3	0.3	0.3	—	—							
	AST(SGOT)	5 - 45 u/L	20	12	—	—	Other Diagnostic / Procedures						
	ALT (SGPT)	7-72 u/L	28	8	—	—	Examples: CT/Xray/MRI/Paracentesis						
	Alk Phos (ALP)	38 - 126 u/L	79	107	—	—	Date	Type	Result				
Lipid Panel	Cholesterol	200mg/dL	X	X	X	X	1123	CT abdomen					
	TRIG	0-150 mb/dL	X	X	X	X	213	CT abdomen		Cyst in lung base			
	HDL	>60mg/dL	X	X	X	X	215	Stool test for H.Pylori		negative			
	LDL	0-100 mg/dL	X	X	X	X							
Common	GFR	Refer to lab specific data	760	760	—	—	Point of Care Glucose Results						
	TSH	0.35 - 5.5 ULU/L	X	X	X	X	Date	Time	Result	Date	Time	Result	
	Digoxin	0.8 - 2 ng/dL	X	X	X	X	1128	11:24	116	1127	6:56	130	
	PT	10.0 - 12.9 secs	X	X	X	X							
	INR	Therapeutic 2 - 3	X	X	X	X							
	PTT	25.3 - 36.9 secs	X	X	X	X							
	BNP	5 - 100 pg/dL	X	59	X	—	1128	05:25	130	1127	05:53	44	
	CKMB	0 - 5 ng/dL	X	X	X	X							
	Troponin	neg = < 0.07 ng/mL	X	11	X	↑	1127	23:25	149				