

Student Name: Mayci Wood

Date: 9/17/24

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: 07:30

Admitted w/ difficulty breathing & later diagnosed w/ a left pneumothorax

Appears to be well kept, clean, & resting.

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

LOC: Alert & oriented x4. Sensation x6. Strength of arms & legs are strong & bilaterally equal. He is coordinated to get up & walk with minimal assistance. He speaks clearly & his pupils are bilaterally equal & reactive to light moving from a 4 to a 3.

Comfort level: Pain rates at 8 (0-10 scale) Location: chest when he's getting up

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

He is calm, friendly, & responsive to conversation. He is respectful, patient, & friendly toward his wife & has friends calling to check in on him. He is calm & respectful while interacting w/ staff.

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) Eyes, ears, nose, & throat appear to be symmetrical on both sides. He has no drainage of the eyes, ears, nose, or throat or mouth. He has healthy dentition, no swollen nodes, & no difficulty swallowing.

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

Appears to have symmetrical chest configurations with all lobes sounding clear except the left upper lobe - which sounded slightly diminished. Rate is 17 breaths/min. regular & slightly shallow breathing depth. Has a

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

No abnormal heart sounds, auscultated S1 & S2. He has a strong apical, radial, & pedal pulse w/ a heart rate of 80 BPM (bilaterally equal) His heart had a smooth & steady rhythm & pattern.

steady & controlled Rhythm & breathing pattern.

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Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) LBM was brown & very loose. Abdomen appears in tact w/ no visible cuts or bruises. Bowel sound hypoactive w/ no tenderness w/ palpitation. Abd. felt soft. LUG hernia Last BM 9/15/2024

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) He voids every 1-2hrs w/ no urgency or incontinence. His urine appears dark yellow & clear w/ no noticeable odor or discharge.

3X Urine output (last 24 hrs) <sup>Not measured</sup> LMP (if applicable) N/A

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) He has proper skeletal alignment & posture. He is mobile w/ a steady gait needing very little assistance. All extremities are strong & move w/ no issues/problems. No visible deformities

Skin (skin color, temp, texture, turgor, integrity) Skin color is appropriate for race. He feels warm & soft with skin turgor being 2 seconds. His skin integrity is overall good aside from chest tube incision & slight bruising on his back.

Wounds/Dressings

- Left side of back appears to be a little bruised w/ tenderness
- Left chest - incision where chest tube is inserted
  - ↳ Reports Left chest tenderness

Other

He has a left pneumothorax w/ chest tube & suction. No drainage has been observed. Chest tube was inserted 9/16/2024.

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

Allergies: No known drug Allergies

Primary IV fluid and rate: NS 0.9% 100ml/hr Continuous

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

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
enoxaparin	40mg/ SQ daily	N/A	Blood thinner -Prevents blood clots	<ol style="list-style-type: none"> <li>1. May use a softer toothbrush to avoid bleeding</li> <li>2. Report any new cuts &amp; hold pressure. - Avoid bleeding</li> <li>3. Try to give @ the same time each day</li> </ol>
escitalopram	5mg PO nightly	N/A	• Antidepressant	<ol style="list-style-type: none"> <li>1. Do NOT take within 14 days before or after an MAO inhibitor</li> <li>2. Immediately report hallucinations or ↑HR</li> <li>3. Avoid NSAIDs - They may cause you to bleed or bruise</li> </ol>
famotidine	20mg IV 2x daily	2mL @ given over 2min	• Coats the Stomach -Prevents Stomach ulcers	<ol style="list-style-type: none"> <li>1. Be cautious taking if pt is having trouble breathing</li> <li>2. Seek emergency attention if arm weakness or chest pain occur. - could be heart attack</li> <li>3. Avoid Alcohol - increases your chances of stomach damage</li> </ol>
temazepam	30mg PO nightly	N/A	• helps him sleep * used for sleep disorders	<ol style="list-style-type: none"> <li>1. Report slow breathing &amp; avoid alcohol. - May worsen to death</li> <li>2. Report memory loss &amp; discontinue/call Dr. - Not normal</li> <li>3. This med can cause addiction, overdose, or death if misused. - use as prescribed</li> </ol>

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

Allergies:

Primary IV fluid and rate:

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
bisacodyl	10mg Rectal daily PRN	N/A	* helps w/ his Constipation	<ol style="list-style-type: none"> <li>1. Do not take if you have N&amp;V or Stomach pain. - may worsen these feelings</li> <li>2. Avoid handling too long or it may start to melt in your hands.</li> <li>3. stop &amp; call Dr. if you develop Rectal bleeding.</li> </ol>
Calcium carbonate	1000mg PO q 4hrs PRN	N/A	* helps w/ indigestion & heart burn	<ol style="list-style-type: none"> <li>1. Take as prescribed. Taking too much can cause N&amp;V&amp; Constipation</li> <li>2. Avoid other antacid or mineral supplements. - May ↑ Cat level</li> <li>3. Take other meds at least 2hrs before or 4hrs after. - Slows absorption</li> </ol>
clonazepam	1mg PO nightly PRN	N/A	* helps calm anxiety & helps w/ insomnia	<ol style="list-style-type: none"> <li>1. May cause trouble breathing especially if you recently had alcohol. - Avoid Alcohol</li> <li>2. Misuse of this med can cause addiction, overdose, or death.</li> <li>3. Do not abruptly stop or you may experience intense withdrawal.</li> </ol>
labetalol	10mg IV q 4hrs PRN	N/A	* helps to lower BP	<ol style="list-style-type: none"> <li>1. Give for SBP &gt; 160 &amp; hold for SBP &lt; 90 or HR &lt; 60</li> <li>2. Avoid driving or sitting up too fast, - may make you dizzy.</li> <li>3. Avoid drinking Alcohol. This may lower your BP &amp; increase side effects</li> </ol>

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

Allergies:

Primary IV fluid and rate:

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
Methocarbamol	1000mg IV q 6hrs PRN	IVP- 10mL over 3.5min	for muscle spasms (muscle Relaxer for Pain)	<ol style="list-style-type: none"> <li>1. This med can impair thinking or reactions - Avoid driving</li> <li>2. Alcohol ↑ your chances of side effects - Avoid Alcohol.</li> <li>3. It may alter coordination - ASK for assistance when getting up.</li> </ol>
Polyethylene glycol	17g PO daily PRN	N/A	• help w/ his Constipation	<ol style="list-style-type: none"> <li>1. May want to ↑ fiber in diet as well to help w/ constipation.</li> <li>2. Report if you don't have a BM in 1-3 days.</li> <li>3. Do not exceed more than 1 dose a day. <del>3-4</del></li> </ol>

Medication reference:

### Diagnostic Worksheet

Mark high / low values with (↑ or ↓)		Covenant Normal Values		Dates		Mark high / low values with (↑ or ↓)		Covenant Normal Values		Dates			
		<small>*Diagnostic values vary from laboratory to laboratory.</small>		Admit day	Most Recent			<small>*Diagnostic values vary from laboratory to laboratory.</small>		Admit day	Most Recent		
CBC	WBC	3.6-10.8 k/uL		9.20	6.73	-	-	UA	Sp Gravity				
	HGB	14-18 g/dL		12.8	11.1	↓	↓		Protein				
	HCT	42% - 52%		38.4	33.1	↓	↓		Glucose				
	RBC	4.7-6.1 m/uL		4.18	3.63	↓	↓		Ketone				
	PLT	150 - 400 k/uL		187	154	-	-		Nitrite				
CMP	Glucose	70-110 mg/dL		104	83	-	-		Leukocytes				
	Sodium	134 - 145 mmol/L		136	138	-	-		Bilirubin				
	Potassium	3.5 - 5.3 mmol/L		4.0	4.1	-	-		Blood				
	BUN	9-21 mg/dL		15	10	-	-		pH				
	Creatinine	0.8-1.5 mg/dL		0.80	0.60	-	↓		Other Labs				
	Chloride	98 - 108 mmol/L		103	107	-	-	Date	Culture	Site	Result		
	Calcium	8.4 - 11.0 mg/dL		9.3	8.5	-	-		Blood				
	Mg++	1.6 - 2.3 mg/dL		N/A	N/A	N/A	N/A		Urine				
	Total Protein	5.5 - 7.8 g/dL		7.2	N/A	-	N/A		Wound				
	Albumin	3.4 - 5 g/dL		3.8	N/A	-	N/A		Wound				
	Total Bilirubin	0.1 - 1.3		0.8	N/A	-	N/A	Other Diagnostic / Procedures					
	AST(SGOT)	5 - 45 u/L		19	N/A	-	N/A	<small>Examples: CT/Xray/MRI/Paracentesis</small>					
	ALT (SGPT)	7-72 u/L		24	N/A	-	N/A	Date	Type	Result			
	Alk Phos (ALP)	38 - 126 u/L		132	N/A	↑	N/A	9/17	Chest x-Ray AP Portable	1cm Apical Pneumothorax improving			
	Lipid Panel	Cholesterol	200mg/dL										
TRIG		0-150 mb/dL						9/16	CT guided chest tube Placement	tube is successfully placed			
HDL		>60mg/dL						9/16	Chest x-Ray AP Portable	+ Pneumothorax Small L Pneumotho			
LDL		0-100 mg/dL											
Common	GFR	Refer to lab specific data		103	113	-	-	Point of Care Glucose Results					
	TSH	0.35 - 5.5 ULU/L		N/A	N/A	N/A	N/A	Date	Time	Result	Date	Time	Result
	Digoxin	0.8 - 2 ng/dL		N/A	N/A	N/A	N/A						
	PT	10.0 - 12.9 secs		N/A	N/A	N/A	N/A						
	INR	Therapeutic 2 - 3		1.1	1.0	↓	↓						
	PTT	25.3 - 36.9 secs		N/A	N/A	N/A	N/A						
	BNP	5 - 100 pg/dL		N/A	N/A	N/A	N/A						
	CKMB	0 - 5 ng/dL		N/A	N/A	N/A	N/A						
Troponin	neg = < 0.07 ng/mL		N/A	N/A	N/A	N/A							