

Instructional Module 2

Bedside Assessment

NEUROLOGICAL

- Level of consciousness
- Orientation x 4
- Eyes – PERLL
- Movement & strength of extremities
- Speech, quality & appropriateness
- Psychosocial behavior
- Facial movement

PULMONARY

- Respirations / min.
- Breath sounds
- Respiratory effort
- Airway, trachea, oral cavity
- Nose, drainage, skin assessment
- Oxygen therapy, prn

CARDIOVASCULAR

- Heart sounds,
- Pulses, radial & pedal
- Capillary refill
- Edema
- Overall coloring & temperature
- Telemetry, Pacemaker prn

GASTROINTESTINAL

- Abdomen
- Appearance
- Sounds x 4 quadrant & epigastric
- Palpation
- Diet tolerance
- Bowel movements

GENITOURINARY

- Catheter / voids / incontinent
- Urine output-color, odor, amount

MUSCULOSKELETAL

- Range of motion; extremities, neck & back
- Gait, prn
- Mobility aids, prn
- Splints, casts, prn (skin assessment)

INTEGUMENTARY

- General condition
- Discoloration, abrasions
- Incisions
 - Location & size (upper to lower)
 - Closure devices-staple, suture
 - Dressings – type & condition
 - Drainage-color, amount, odor
- Drains / Tubes
 - Insertion point location & condition
 - Type of drain or tube
 - Dressings-type & condition
 - Output-color, amount, gravity or suction, if device used what are settings
 - Infusion – description of _____ device & settings

GENERAL

- Other equipment
- Kpads, Ice packs, SCDs

SAFETY

- Call System
- Side rails
- Tele-sitter
- Restraints
- Bed alarms