

Instructional Module 2

Bedside Assessment

NEUROLOGICAL

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

PULMONARY

- Respirations / min.
- Breath sounds, cough
- 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
- Splints, casts, prn (skin assessment)
- Gait, prn
- Mobility aids, prn

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, settings if device used
Infusion – description of product/drug
device & settings
Site location, assessment

GENERAL

Other equipment

- Heating pad, Ice packs, SCDs
Assess skin where device applied

SAFETY

- Call System
- Side rails
- Tele-sitter
- Restraints – skin, ROM
- Bed alarms
- Visitors, sitters

EDUCATION

- Document any teaching
- Pt response to teaching