

Student Name: _____

Date: _____

Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation)

bowel movement on 11/13, Abdomen
soft, tenderness on RUQ, bowel sounds
hypoactive

Last BM _____

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal

bleeding, discharge) - voids clear, yellow urine, - no odor,
bleeding, or discharge. - pt is continent

- no urgency, - pt goes 4 times a day ~~and~~

Urine output (last 24 hrs) ^{not} observed LMP (if applicable) _____

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

- Pt independent, strong movement in all four extremities.

- Body Alignment symmetrical - Upright posture, no slumping
or guarding - Gait steady & coordinated - no deformities
noted

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

- Skin warm & dry, - turgor elastic, - skin
appropriate for ethnicity, - skin intact
with no lesions

Wounds/Dressings

N/A

Other

- Peripheal R CDI, start 11/17

- Pacemaker

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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)

09.47, Cholecystitis, pt A 3.0 X4, Calm
Cooperative, sitting comfortably in bed.

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

- A 3.0 X4 - Sensation intact to light touch, pain,
3 temperature in all extremities. - Pupils 3mm
equal, round, reactive to light (PE RRL) - HBW
equal 3 strong bilaterally, - pt is coordinated
- Speech clear; English speaking

Comfort level: Pain rates at 4 (0-10 scale) Location: Abdomen

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

- Pt interacts appropriately with staff, family.

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

- Symmetrical features, no drainage, mucous
membranes moist 3 pink. - Hearing intact,
vision intact, no swallowing difficulty. - dentition
intact; gums pink. - nodes non-palpable 3 non-tender

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

- Chest symmetrical, - Clear to auscultation,
- RR 18, - Regular rate 3 Rhythm, - Adequate
chest expansion bilaterally, - Pattern regular 3
unlabored

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

- S₁ 3 S₂ present, * Regular, no murmurs, Regular
3 equal, Regular Rhythm - Radial 3 Pedal
pulse palpable, strong 3 equal bilaterally,
Regular pattern, pt has pacemaker

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

Allergies: KNDA

Primary IV fluid and rate:

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

				1.
				2.
				3.
				1.
				2.
				3.

Medication reference: Medscape

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

Allergies: KNDA

Primary IV fluid and rate:

Generic Name	Dosage with route and schedule	IV-List diluent solution, volume, and rate of administration IVPB- List concentration and rate of administration	Patient specific therapeutic reasoning	Patient specific teaching with reasoning
Piperacillin (tazobactam)	IV 3.375g Q 8 hrs	3.375g/100ml 25ml/hr	Cholecystitis places patient at high risk for infection and sepsis. The antibiotic helps treat the suspected biliary infection	<ol style="list-style-type: none"> 1. Report any rash, itching, or trouble breathing; this medication can cause allergic reactions, including rash and rarely anaphylaxis 2. Notify staff if you develop watery diarrhea or abdominal cramping; this drug may cause C.diff diarrhea, which needs immediate evaluation 3. Report new muscle pain or dark urine; piperacillin can cause rhabdomyolysis, and early reporting helps protect kidney function
Atorvastatin (Lipitor)	Oral 40mg nightly		Continuing his nightly statin in the hospital maintains long term lipid control and ongoing cardiovascular protection	<ol style="list-style-type: none"> 1. Report any new muscle pain, tenderness, weakness, or dark/cola colored urine right away; can cause muscle injury or rhabdomyolysis