

Physical Assessment

PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS

Complete using assessment check list and reminders below

GENERAL INFORMATION (Time of assessment, admit Dx, general appearance) _____

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

Psychological/Social (affect, interaction with family) _____

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

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

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

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

Last BM _____

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) _____

Urine output (last 24 hours) _____

LMP (if applicable) _____

Skin-Musculoskeletal (skin color, temperature, texture, turgor, integrity, mobility, gait, alignment, joint function) _____

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

Wounds/Dressings _____

Other comments
