## Physical Exam/Assessment

**General:** Appears alert and oriented to person, place, and time and date, is well groomed and seems in no acute distress.

**Integument:** Skin is warm and dry upon palpation. No lesions present but redness noted under skin folds in her abdomen and groin region. Bruising on the abdomen where insulin injections are given. Normal quantity, distribution, and texture of hair. nails are without clubbing or cyanosis. Skin turgor has normal mobility. Capillary refill is less than three seconds and fingers and toes bilaterally

**HEENT:** Head and neck are symmetrical; trachea is midline without deviation. Bilateral carotid pulses are palpable and two +. Eyes: bilateral sclera is white, bilateral cornea is clear, bilateral conjunctiva is pink with no visible drainage from either eye. Bilateral lids are moist and pink no lesions or discharge noted PERRLA bilaterally EOMS intact bilaterally. Ears: bilateral articles no visible deformities lumps or lesions alright. Nose: septum is midline, no visible bleeding or polyps. Throat: posterior pharynx and tonsils are moist and pink, uvula is midline, soft palate rises and falls symmetrically. Hard palate intact. Oral mucosa overall is moist and pink with no lesions noted. Patient had lower denture plate removed.

**Cardiovascular:** Clear S1 and S2 without murmurs gallops or rubs. Normal rate and rhythm.

**Respiratory**: Normal rate and pattern of respirations, respirations symmetrical and non labored, lung sounds clear anteriorly bilaterally, no wheezes, crackles or rhonchi noted.

**Genitourinary:** There was a total of 200 milliliters of urine emptied from the catheter. Urine is clear and yellow with an 200 mL quantity output via Foley catheter, bag appropriately placed on the bed. Patient denies pain with urination. The patient did state “that it was very irritated in that area”. Some redness and soreness noted in outer labia. Patient is not on dialysis.

**Gastrointestinal:** Abdomen is soft, tender when palpated in the lower midline area. No masses noted upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants.

**Musculoskeletal:** Upper extremities have full range of motion. Lower extremities not evaluated for full range of motion. Hand grips and pedal pushes and pulls demonstrate normal and equal strength.

**Neurological:** patient is alert and oriented to person place and time. PERRLA. EOMs intact bilaterally.

**Most recent VS (include date/time and highlight if abnormal):** 03/06/2023 10:56 vital signs include BP 124 / 75, temperature 37.1 degrees Celsius, pulse 88, respirations 18, 02 sat 95% on room air.

**Pain and pain scale used:** The patient had a pain rating of 4/10 on a numerical pain scale. The patient stated the pain was dull and achy and constant in her abdomen around the bladder area and was tender when palpated. She also stated that where the catheter was inserted was painful and felt that “down there” was all inflamed and hurt.

| | | |
|---|---|---|
| **Intervention 2:** To promote wellness by reviewing individual risk factors and providing information to assist the client in efforts to avoid complications, such as those caused by chronic hyperglycemia in acute hypoglycemia (Doenges et al., 2019). | 2019).<br><br>**Intervention 2:** To promote wellness considerations. refer client to a rehabilitation team, physical therapist, or occupational therapist as appropriate. This can help improve the clients balance, strength, or mobility and also to help identify and obtain appropriate assistive devices for mobility, environmental safety, and home modification (Doenges et al., 2019). | **Intervention 2:** To promote optimal level of function and prevent complication by maximizing the potential for mobility and function (Doenges et al., 2019). |
| **Evaluation of Interventions**<br>**I1:** Acknowledge factors that may lead to unstable glucose and verbalize understanding of body and energy needs by discharge.<br>**I2:** Verbalize plan for modifying factors to prevent or minimize shifts in glucose level and maintain a glucose level within satisfactory range, recognize symptoms and dietary restrictions by discharge. | **Evaluation of Interventions**<br>**I1:** Verbalize understanding of individual risk factors that contribute to the possibility of falls, by discharge.<br>**I2:** Modify environment as indicated to enhance safety to be free of injury, by discharge. | **Evaluation of Interventions**<br>**I1:** Verbalize understanding of individual treatment regimen and safety measures by discharge.<br>I2: Participate in activities of daily living and desired activities by discharge as well as return to nursing home. |

**References (3) (APA):**

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2019). *Nurse's pocket guide: Diagnoses, prioritized interventions, and rationales*. F.A. Davis.

Hamawy, K., & Saleem, M. O. (2022, August 8). *Hematuria - StatPearls - NCBI Bookshelf*. Hematuria. Retrieved March 11, 2023, from https://www.ncbi.nlm.nih.gov/books/NBK534213/

M., V. L. A., & Bladh, M. L. (2019). *Davis's comprehensive handbook of laboratory and diagnostic tests with nursing implications*. F.A. Davis Company.

Shirley, Dhanaraj, Kumar, S., Wisdom, B., Florence, Francesca, Mann, P., Rana, Kagoga, R., Vickie, Vera, M., Erin, Ram, C., Olorunda, O., Ella, Liaqat, M., Yohans, Km, & Fatima. (2023, January 3). *Normal laboratory values guide and free cheat sheet for nurses*. Nurseslabs. Retrieved February 25, 2023, from https://nurseslabs.com/normal-lab-values-nclex-nursing/