

**Physical Exam/Assessment**

**General:** Patient is alert and oriented to person, place, and situation. **Patient is disoriented to time.** Patient is in no acute distress and well-groomed.

**Integument:** Skin is normal for ethnicity, warm, and dry. **There is some redness that is blanchable and ruddy, skin turgor is slow to return.** Patient has three wounds. **Left gluteal pressure injury, right gluteal pressure injury, and right anterior cheek wound.**

**HEENT:** Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Auricles are pink and moist with no lesions noted bilaterally. Bilateral pulses are palpable and 2+. PERRLA, EOMs intact. Sclera is white bilaterally, cornea clear bilaterally, conjunctiva pink bilaterally, lids are pink and moist without lesions. Septum is midline, turbinates are pink and moist bilaterally and no visible bleeding or polyps present. Frontal and maxillary sinuses are nontender to palpation bilaterally. **Teeth are missing,** oral mucosa is dry and pink with no lesions noted.

**Cardiovascular:** Clear S1 and S2 without gallops or rubs. **Murmur present.** Normal sinus rhythm, peripheral pulses +2 bilaterally.

**Respiratory:** Normal rate and rhythm, along with the pattern of respirations. Respirations are symmetrical with no respiratory distress. No crackles, wheezes, or rhonchi noted.

**Genitourinary:** Patient has no pain with urination. Patient voids spontaneously without difficulty but **does have some dribbling.** Patient gets up to the toilet with a **walker and gait belt.** Patient had 1 void throughout the shift. No PO intake due to patient being **NPO from aphagia.**

**Gastrointestinal:** **Abdomen is rounded and distended,** last BM 10/9/23, patient showed no nonverbal or verbal indications of pain.

**Musculoskeletal:** Patient has full range of motion. Hand grips demonstrate normal and equal strength bilaterally. **Pedal pushes and pulls demonstrate moderate strength bilaterally. Patient uses a walker and gait belt.** No numbness or tingling

**Neurological:** Patient is alert and able to answer questions. Speech is clear and appropriate for age and situation. No numbness or tingling.

**Most recent VS (include date/time and highlight if abnormal):**

**0800:** T: 97.8 degrees Fahrenheit Pulse: 73 bpm RR: 20 bpm O2: 93% **BP: 149/60**

**1200:** T: 98 degrees Fahrenheit Pulse: 82 bpm RR: 19 bpm O2: 94% **BP: 148/52 (86)**

**Pain and pain scale used:**

Numerical Pain Scale: 0/10, patient denies any pain

<p align="center"><b>Nursing Diagnosis 1</b></p> <p>Risk for injury related to fall as evidence by syncope</p>	<p align="center"><b>Nursing Diagnosis 2</b></p> <p>Decreased cardiac output related to HTN as evidence by syncope/fall</p>	<p align="center"><b>Nursing Diagnosis 3</b></p> <p>Acute pain related to colitis as evidence by complaints of pain and CT abdomen/pelvis</p>
<p align="center"><b>Rationale</b></p> <p>I chose this nursing diagnosis because the patient has a history of falls and is in the hospital d/t a fall</p>	<p align="center"><b>Rationale</b></p> <p>I chose this nursing diagnosis because the patient had extremely high BPs upon arrival to hospital and throughout the night as well as syncope causing decreased cardiac output</p>	<p align="center"><b>Rationale</b></p> <p>I chose this nursing diagnosis because the patient reported abdominal pain over night</p>
<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Ensure safety precautions are in place <b>Intervention 2:</b> Institute alert devices</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> administer prescribed medications as ordered <b>Intervention 2:</b> PT/OT rehab plan for activity/orthostatic interventions</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Position patient in comfortable position <b>Intervention 2:</b> administer pain medications prn</p>
<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient will always have life alert button with her and fall mats, bed alarm, gait belt, and walker will be used to prevent falls</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient will not exhibit any dizziness and will take BP meds as prescribed</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient will have decreased pain with controlled pain levels</p>

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

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. 2nd ed., F.A. Davis, 2020.

Jones & Bartlett Learning, LLC. (2022). *2022 Nurse's drug handbook* (20th ed.).

Phelps, L. L. (2020). *Spark's & Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.