

## Physical Exam/Assessment

**General:** The client is alert and oriented x4. He is in no acute distress or pain. His overall appearance is pleasant. He is well groomed.

**Integument:** Skin has an olive undertone. Skin is clean, dry, and intact. Skin is warm to the touch, with no rashes. Skin has good turgor. He has an incision on his abdomen present from the hernia repair surgery that he had last week. Fingernails and toenails are pink. No signs of jaundice, hypoxia, or edema. No drains are present.

**HEENT:** Hair is evenly distributed across head and face. No patterns of baldness, lesions, or rashes found on the face or head. All facial features are symmetrical and present. No signs of jugular vein distention or tracheal deviation. No visual drainage or lesions in the ears. Pupils are equal, round, and reactive to light and accommodation. Extraocular muscles are intact. The nose is symmetrical and midline on the face, and the nostrils are pink and moist. Good denture.

**Cardiovascular:** The heart has a regular rate and rhythm without murmurs. S1 and S2 present. His cardiac rhythm is normal sinus rhythm. His peripheral pulses were palpable and 2+. His capillary refill is <2 sec. He is not exhibiting any peripheral edema.

**Respiratory:** His breath sounds are clear to auscultation with no crackles, wheezing, or ronchi present. He does not use accessory muscles when breathing, and his chest is not barrel chested or concave.

**Genitourinary:** Urine is pale yellow and clear. He is not experiencing pain with urination or increased frequency. He does not currently have a catheter.

**Gastrointestinal:** His diet at home is unaltered and his diet at the hospital is unaltered. Bowel sounds normoactive in all 4 quadrants. His last bowel movement was the 23rd. No pain upon palpation, but the abdomen is rigid and distended. No masses palpable. Incision in middle of abdomen. No drains present. No ostomy, NG, or feeding tubes present.

**Musculoskeletal:** Capillary refill is <2 seconds, peripheral pulses are all palpable and 2+. He is not using any assistive devices and is up ad lib. He is not a fall risk, and has good strength.

**Neurological:** Strength is equal in both extremities. He is oriented x4. He has good mental status and good speech. He is fully conscious and responds to different stimuli.

**Most recent VS (include date/time and highlight if abnormal):** Blood pressure: 116/74 HR: 73 bpm T: 36.8 C RR: 18 rpm SpO2: 96%

**Pain and pain scale used:** Pain was rated a 0 on a scale of 1-10.

<p align="center"><b>Nursing Diagnosis 1</b></p> <p><b>Risk of infection related to compromised skin integrity as evidenced by abdominal surgical wound.</b></p>	<p align="center"><b>Nursing Diagnosis 2</b></p> <p><b>Activity intolerance related to generalized weakness as evidenced by hernia repair surgery.</b></p>	<p align="center"><b>Nursing Diagnosis 3</b></p> <p><b>Risk for prolonged healing period related to increased chance of infection as evidenced by hospital stay.</b></p>
<p align="center"><b>Rationale</b></p> <p><b>I chose this nursing diagnosis because it is important to keep infection out of surgical wounds.</b></p>	<p align="center"><b>Rationale</b></p> <p><b>I chose this nursing diagnosis because being sedentary for an extended amount of time can take a toll on your physical and mental health.</b></p>	<p align="center"><b>Rationale</b></p> <p><b>I chose this nursing diagnosis because it is going to take longer for this wound to heal because it is leaking so much fluid, and he is in the hospital where he is just laying in bed all day.</b></p>
<p align="center"><b>Interventions</b></p> <p><b>Intervention 1: Educate the patient and family on signs and symptoms of infection at the surgical site.</b></p> <p><b>Intervention 2: Make sure visitors, staff, and the patient frequently perform hand hygiene, as this will lower the chances of infection for the patient (Habboush &amp; Guzman, 2020, p. 6).</b></p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1: Perform ROM exercises 3x a day.</b></p> <p><b>Intervention 2: Encourage drinking fluids as this will quicken the healing process making him get more active quicker.</b></p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1: Frequent hand-hygiene for the patients, staff, and visitors.</b></p> <p><b>Intervention 2: Use gloves when coming in contact with incision.</b></p>
<p align="center"><b>Evaluation of Interventions</b></p> <p><b>I expect the interventions to help keep the patient free of infection. Keeping him free of infection will get him out of the hospital and keep him out, which seems like a goal for him.</b></p>	<p align="center"><b>Evaluation of Interventions</b></p> <p><b>I expect these interventions to get the patient back to moving, and get him feeling better. Moving your body even just a little bit a day will promote healing, which is what we want overall for the patient.</b></p>	<p align="center"><b>Evaluation of Interventions</b></p> <p><b>I expect these interventions to promote healing in the patient. Doing these interventions will prevent complications, which will decrease healing times for the wound,</b></p>

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

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