

Final Bedside Physical Exam Check Off

-4 on physical exam

Student Name: Sam

Semester: Fall 2024

| Assessment Performed | Date Completed and Instructor Initials | Satisfactory (S) or Unsatisfactory (U) | Instructor Comments |
|---|--|--|---------------------|
| Head and Neck <input checked="" type="checkbox"/> Hand hygiene <input checked="" type="checkbox"/> Introduce yourself and provide privacy <input checked="" type="checkbox"/> Identify client <input checked="" type="checkbox"/> Identify if the client is A/Ox4 <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Inspect head for size/shape/symmetry <input checked="" type="checkbox"/> Inspect face for color, lesions, symmetry, facial hair <input checked="" type="checkbox"/> Inspect and palpate for tracheal deviation <input checked="" type="checkbox"/> Inspect and palpate lymph nodes <input checked="" type="checkbox"/> Palpate Carotid Artery (one at a time) <input checked="" type="checkbox"/> Documentation of complete assessment | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> S | <u>Attempt 1</u> |
| | <u>Attempt 2</u> | <u>Attempt 2</u> | <u>Attempt 2</u> |
| | <u>Attempt 3</u> | <u>Attempt 3</u> | <u>Attempt 3</u> |
| Eyes <input checked="" type="checkbox"/> Inspect external eye <input checked="" type="checkbox"/> Inspect for eye symmetry <input checked="" type="checkbox"/> Inspect color of the sclera and cornea <input checked="" type="checkbox"/> Inspect pupils for size and shape <input checked="" type="checkbox"/> Assess pupillary reaction to light <input checked="" type="checkbox"/> Assess pupillary accommodation <input checked="" type="checkbox"/> Assess extraocular movements (EOMs) <input checked="" type="checkbox"/> Documentation of complete assessment | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> S | <u>Attempt 1</u> |
| | <u>Attempt 2</u> | <u>Attempt 2</u> | <u>Attempt 2</u> |
| | <u>Attempt 3</u> | <u>Attempt 3</u> | <u>Attempt 3</u> |
| Ears <input checked="" type="checkbox"/> Inspect external ear for lesions, bumps, deformities <input checked="" type="checkbox"/> Assess hearing based on a conversation with the client <input checked="" type="checkbox"/> Documentation of complete assessment | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> S | <u>Attempt 1</u> |
| | <u>Attempt 2</u> | <u>Attempt 2</u> | <u>Attempt 2</u> |
| | <u>Attempt 3</u> | <u>Attempt 3</u> | <u>Attempt 3</u> |
| Nose <input checked="" type="checkbox"/> Inspect for symmetry | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> S | <u>Attempt 1</u> |

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|---|-----------------------------------|-----------------------|---|
| <input checked="" type="checkbox"/> Palpate frontal and maxillary sinuses <input checked="" type="checkbox"/> Documentation of complete assessment | <u>Attempt 2</u> | <u>Attempt 2</u> | <u>Attempt 2</u> |
| Mouth/Throat <input checked="" type="checkbox"/> Inspect lips/oral cavity for color, intact, moisture, lesions <input checked="" type="checkbox"/> Assess tongue is midline <input checked="" type="checkbox"/> Assess speech by talking with client <input checked="" type="checkbox"/> Documentation of complete assessment | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> S | <u>Attempt 1</u> |
| Skin <input checked="" type="checkbox"/> Inspect skin color: olive, pallor, fair, pink, yellow, light brown, dark brown, tan <input checked="" type="checkbox"/> Inspect for wounds, rashes, lesions, scars, and redness over bony areas, etc. <input checked="" type="checkbox"/> Inspect hair <input type="checkbox"/> Inspect nails for color <input type="checkbox"/> Palpate skin temperature and moisture <input checked="" type="checkbox"/> Palpate skin turgor <input type="checkbox"/> Documentation of complete assessment | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> S | <u>Attempt 1</u> |
| Peripheral Vascular <input checked="" type="checkbox"/> Inspect upper and lower extremities for symmetry, deformities, lesions, wounds, rashes, color, edema, and hair growth <input checked="" type="checkbox"/> Palpate all pulses (Radial, ulnar, brachial, popliteal, posterior tibial, dorsalis pedis) <input checked="" type="checkbox"/> Palpate and assess capillary refill <input checked="" type="checkbox"/> Palpate extremities for edema and temperature <input type="checkbox"/> Documentation of complete assessment | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> S | <u>Attempt 1</u> |
| Cardiac <input checked="" type="checkbox"/> Inspect neck for Jugular Vein Distention <input checked="" type="checkbox"/> Inspect and Palpate apical pulse | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> S | <u>Attempt 1</u> - rhythm and rate missed in documentation |

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| <input checked="" type="checkbox"/> Auscultate heart sounds (Aortic, Pulmonic, Erb's Tricuspid, Mitral; APE To Man) <input checked="" type="checkbox"/> Documentation of complete assessment | <u>Attempt 2</u> | <u>Attempt 2</u> | <u>Attempt 2</u> |
| | <u>Attempt 3</u> | <u>Attempt 3</u> | <u>Attempt 3</u> |
| Respiratory <input checked="" type="checkbox"/> Inspect chest shape <input checked="" type="checkbox"/> Inspect breathing effort <input checked="" type="checkbox"/> Assess for retractions <input checked="" type="checkbox"/> Auscultate breath sounds anterior and posterior in all lung fields bilaterally <input checked="" type="checkbox"/> Documentation of complete assessment | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> 5 | <u>Attempt 1</u> |
| | <u>Attempt 2</u> | <u>Attempt 2</u> | <u>Attempt 2</u> |
| | <u>Attempt 3</u> | <u>Attempt 3</u> | <u>Attempt 3</u> |
| GI/GU <input checked="" type="checkbox"/> Inspect the abdomen for lesions, scars, distention/shape <input checked="" type="checkbox"/> Auscultate bowel sounds in all 4 quadrants <input checked="" type="checkbox"/> Palpate abdomen for tenderness/mass enlargement <input checked="" type="checkbox"/> Assess last bowel movement and characteristics of stool <input checked="" type="checkbox"/> Assess/ask about color and consistency of urine <input checked="" type="checkbox"/> Ask the client about any changes to urination: frequency, urgency, hesitation, burning, blood present, trouble starting a stream, weak stream, intermittent stream, etc. <input checked="" type="checkbox"/> Documentation of complete assessment | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> 5 | <u>Attempt 1</u> |
| | <u>Attempt 2</u> | <u>Attempt 2</u> | <u>Attempt 2</u> |
| Musculoskeletal <input checked="" type="checkbox"/> Hand grasp <input checked="" type="checkbox"/> Push against resistance <input checked="" type="checkbox"/> Range of motion (ROM) in elbow, hips, knees, ankles <input checked="" type="checkbox"/> Assesses pedal pushes and pulls and lower extremity strength <input checked="" type="checkbox"/> Assess client gait by having client walk <input checked="" type="checkbox"/> Assess balance <input type="checkbox"/> Documentation of complete assessment | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> 5 | <u>Attempt 1</u> |
| | <u>Attempt 2</u> | <u>Attempt 2</u> | <u>Attempt 2</u> |
| Neurological <input checked="" type="checkbox"/> Assess 12 cranial nerves <input checked="" type="checkbox"/> Assess mental status | <u>Attempt 1</u> 12/4/24 CS | <u>Attempt 1</u> 5 | <u>Attempt 1</u> |

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|---|------------------|------------------|------------------|
| <input checked="" type="checkbox"/> Assess level of consciousness <input checked="" type="checkbox"/> Orientation <input checked="" type="checkbox"/> Evaluate speech <input checked="" type="checkbox"/> Assess Babinski reflex | <u>Attempt 2</u> | <u>Attempt 2</u> | <u>Attempt 2</u> |
| <input checked="" type="checkbox"/> Documentation of complete assessment | <u>Attempt 3</u> | <u>Attempt 3</u> | <u>Attempt 3</u> |

NOTES: