

Basic Health Assessment
Test Out #3 Write-Up

General: Alert and oriented x 4. Client is well-groomed and appears to be in no distress. Skin: skin is warm, dry, and white/pink. Scalp is clean, hydrated, and free of any lesions. Hair and nails are well maintained. Turgor is good and capillary refill is less than 3 seconds.

Head and Neck: head is normocephalic and head and neck are both symmetrical. No tracheal deviation. Thyroid is palpable. Carotid pulses strong and palpable. No lymph nodes palpable.

Eyes: eyelids are pink and moist. Sclera is white, conjunctiva is pink. Pupils are round, not equal, not reactive to light, and not reactive to accommodation. EOM are intact, but not responsive to stimuli. Vision is 20/20 with glasses. Red light reflex noted.

Ears: orifice is moist and pink bilaterally. Tympanic membrane is pearly gray.

Nose: septum is midline, no polyps or turbinates noted. Sinuses palpable.

Throat: tonsils are not visible (surgically removed), no redness, lesions, or rashes. Good dentition, soft and hard palate are moist and pink with no lesions. Uvula is midline.

Cardiac: clear S1 and S2. No murmurs or gallops. All heart sounds are heard.

Respiratory: breath sounds bilaterally symmetrical with minimal respiratory effort. All 4 anterior and 6 posterior breath sounds heard without wheezes or crackles. RML heard.

Abdominal: Bowel sounds heard in all 4 quadrants. No masses or abnormalities noted.

Extremities: pulses 5+ throughout. No lymph nodes palpable. Pulses are symmetrical.

Musculoskeletal: active range of motion is good. Gait and strength good.

Neuro: deep tendon reflexes bilaterally found.