NURSING PHYSICAL HEALTH ASSESSMENT

INSPECT PALPATE PERCUSS AUSCULTATE



INTRODUCTION

- Hand hygiene
- Provide privacy.
- Introduce yourself
- Explain procedure to patient.
- Verify patient ID & DOB

A&0

- What is your name?
- What is your DOB?
- · Where are you?
- Who is the U.S. President?
- Do you know the date?
- What are you doing here?

observing the patient

- Emotional status
- Speech
- · Behavior / follows instruction
- Skin color appropriate for race
- · Looks stated age
- Hygiene maintained
- · Responds appropriately
- Outward abnormalities: abnormal smells, lesions, erythema, cyanosis, masses

医鱼田岛

INSPECT

- Abnormalities, redness, drainage, tophi (gout patients)
 PALPATE
 - Palpate ear for tenderness, abnormal massess & lesions

Test cranial nerve VIII

(Vestibulocochlear) with whisper test:

 Have patient occlude one ear & whisper two words behind other & have patient repeat words

NOSE

Inspect

- Abnormalities, drainage, symmetry, size & shape, inspect septum
- Inspect inside nose for polyps, drainage, redness

Test patency of nares: have patient occlude one nostril & breathe in & out to observe airflow

Test cranial nerve I (Olfactory): have patient close eyes & smell something

MOUTH

INSPECT

- · Lips for chapped, sores, & color
- Inside mouth: pink & moist, tongue is moist & pink, look for lesions, sores, broken teeth, soft & hard palate, uvula placement

Test cranial nerve IX (glossopharyngeal): have patient say "ah" & watch uvula move

Test cranial nerve XII (hypoglossal): stick out tongue & move side to side

Test cranial nerve V (vagus) with ability to swallow Test gag reflex

VITALS

- Heart Rate: 60 100 bpm
- Blood Pressure: 90/60 120/90 mmHg
- O2 Saturation: 94-99%
- Respirations: 12-18 bpm
- Temperature: 97.8 99.1 F
- Pain: Numeric Scale 1-20

HEAD

INSPECT

 Skin color, appropriate size for frame, looking for any abnormal facial movements / twitching, ensuring face is symmetrical & no signs of facial dropping, examination if eyes & ears are level, hairline

PALPATE

- Palpate cranium for lesions, masses, indentations, infestations, skin breakdown, or any abrupt bald spots, check facial hair
- Palpate temporal mandibular joint for stiffness & clicking
- Palpate sinus cavities; maxillary & frontal

EYES

INSPECT

Eyelids, iris, pupil, sclera, conjunctiva.

Strabismus: normal inward/outward turning of eye(s)

Aniscoria: one pupil larger/smaller than other

Nystagmus: involuntary shaking of eyes

Pupils should be 3-5mm & equal in size

Test cranial nerves:

III (Occulomotor), IV (Trochlear), VI (Abducens)

Examine how the pupils react to light

- · Patient should look at object far away to dilate eyes
- · Light shine sinto on eye- both pupils should dilate

Accommodation

- Have patient stare off at distant object, look at penlight and direct to tip of nose
- Patient's pupils should constrict & accommodate

PERRLA

 PUPILS are EQUAL, ROUND & REACTIVE to LIGHT & ACCOMMODATION

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Nursing Physical And Health Assessment Guide

Carolyn Jarvis, PhD, APN, CNP,Ann L. Eckhardt

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