Witt	al Signs	Skin	7. Ribs	Extremities
T-P-R-BP-AP-SpO2		1. Color	a. shape	1 Discoloration
Mental Status		a. Approp for race	b. pain	2. Legs- Varicose Veins
	State of Awareness	b. Pallor	Cardio-Vascular	3. Edema
	a. Alert	c. Cyanosis	I. Apical Pulse-I minute	Pitting/nonpitting
	b. Orientated-	d. Jaundice	a. regular/irreg	a. +1,+2,+3,+4
	person, place,	e. Rubor	b. Murmur	4. Muscle Strength
			2. Radial Pulse	The state of the s
	time, events			
	c. Confusion		Strength	
	d. combative	4. Moisture	a. +1/wesk/thready	a. location
	c. lethargic	a dry	b. +2/normal	b. reg/irreg
	f. coma	<ul> <li>b. diaphoretic</li> </ul>	c. +3/bounding	6. Pulse Strength
2	Mood-ex smiling, frowning		3. Capillary Refill	<ul> <li>a. +1/sweak/thready</li> </ul>
	etc.	5. Lesions/Sears/Sores	a. seconds	b. +2/normal
3.	Speech	a. color	Abdomen - GI Tract	e. +3/bounding
	a. clear	b. size	1. Nausca	7. Nails
	b. slurred	c. shape	2. Emesis-describe	a. smooth
	c absent	d. location	a amount	b. soft/hard
Series.	ro-Head & Neck	e. drainage	3. Diet & amount intake	c. brittle
			4. Size & Shape	
1	Eyes-PERRLA	6. Edema		d. clubbing
	<ol> <li>Pupil Size-min</li> </ol>	a. Location	a. large	8. Homans Sign +/-
	<ol> <li>Pupil Movement</li> </ol>	b. Pitting/nonpitting	b. round	Incisions/Dressings
	<ul> <li>drainage</li> </ul>	e. amount	c. flat	1. Location
	d. Vision	+1,+2,+3,+4	d. distended	2. Drainage/Dry
2.	GCS - 3-15 total	7. Pressure Ulcers/Wounds	5. Firm/Soft	3. Intact
	a. Eve open 1-4	a. location	6. Bowel Sounds	4. Type dressing
	b. Motor 1-6	b. size	RUO/RLO/LUO/LLO	5. Suture/Staples
	c. Verbal 1-5	c. stage (if appl.)	a. present	Tubes/Drains-if applicable
3.	Facial symmetry/drooping	d. description	b. absent >2	Folcy catheter
4	Swallowing	Chest	minutes	2. NG/PEG tube
5		1. Lung sounds	e. hypoactive >	
	Following commands	a location	20sec	a. Feeding solution
6.	Grip & foot presses			b. Rate
	a. Strongth	b. clear	d. hyperactive <	c. Placement check
	(weak/strong)	c. crackles	5sec	3. Surgical Drains
	<ul> <li>b. Equal/unequal</li> </ul>	d, wheezes	7. Bowel Elimination	a. Drainage
7.	Ears/hearing	2. Cough	a. Last BM	b. Site
	a. drainage	a. frequency	b. frequency	IV -if applicable
8.	Aides - hearing, vision	b. productive	c. consistency	a. Solution
9.	Nose - drainage	e. nonproductive	d. color	b Rate
	Mouth	d. paim	e. smell/odor	c. Catheter size
	a. Membranes color	3. Sputum	f. amount	d. Site/Location
		a color	GU	The state of the s
	b. moist/dry		8. Urinary Elimination	a. red
	e. ulcers	b. consistency		b. swelling
	d. pain	e. amount	a. Last voided	e. induration
	<ul> <li>c. toeth/dentures</li> </ul>	4. Respirations	b. Amount	d. pain
11.	Neck	a. rate	e. Color & clarity	<ul> <li>b. Dressing -dry &amp; intact</li> </ul>
	a. Voins-	b. rhythm	d. Smell/Odor	Pain
	i. flat	c. dyspnea	e. Burning	a. Location/Area
	ii. distended	d. labored	9. Distention	b. Quantity
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	n. emarged	a. symmetrical		
				if applicable
		b. dimpling		a. ADC's b. Feeding
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# **Physical Assessment Guide**

**Donita D'Amico, Colleen Barbarito** 

#### **Physical Assessment Guide:**

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develop their assessment skills using the new interview guides and assessment guides Students will also develop independence and readiness for test taking by answering questions designed to hone these skills Critical thinking skills are Clinical Pocket Guide for further developed when students participate in the Critical Thinking and Case Study activities Health and Physical Assessment in Nursing Donita D'Amico, Colleen Barbarito, 2015-04-27 Clinical Pocket Guide for Health it quides the user through the steps of collecting health assessment data. The focus of this text is comprehensive health assessment which includes the collection of subjective and objective data Subjective data encompasses both the patient s health history and the focused interview The nurse collects objective data during the physical assessment This is a student supplement associated with Health Physical Assessment in Nursing 3 e Donita D Amico Colleen Barbarito ISBN 0133876403 A Practical Guide to Health Assessment Marilyn Shelley Leasia, 1997 This resource is a detailed how to guide to history taking and physical assessment from the specific complaint to the performing of a complete head to toe physical examination Organized by system each chapter begins with a summary of the anatomy and follows with a step by step explanation of the process used to assess that particular system The process includes a list of equipment required a discussion of complaints and symptoms an illustrated explanation of physical assessment techniques employed and a discussion of the nature and significance of normal and abnormal findings **ATSDR Public Health Assessment** Guidance Manual Edward J. Calabrese, 1992-06-09 ATSDR Public Health Assessment Guidance Manual describes the health assessment process as defined by ATSDR and clarifies the methodologies and guidelines that are used by ATSDR staff and agents in conducting health assessments This guide covers the individual steps for performing a health assessment and discusses how the health assessment report should be written in addition to the format in which it should be presented The quide will be a standard reference for anyone doing health assessments all federal agencies ground water and hazardous waste engineers and scientists public health professionals and libraries Jarvis's Physical Examination and Health Assessment Helen Forbes, Elizabeth Watt, 2015-11-16 The second edition of the leading Australian text Jarvis s Physical Examination and Health Assessment has been carefully revised and updated to reflect current skills critical to the practice of registered nurses in an Australian and New Zealand context Jarvis s Physical Examination and Health Assessment incorporates the most up to date research data clinical practice policies and procedures Authors Helen Forbes and Elizabeth Watt skillfully embed prominent nursing concepts throughout including patient centered care cultural and social considerations health promotion and disease prevention as well as the individual across the lifespan Jarvis s Physical Examination and Health Assessment is the ideal tool for undergraduate nursing students registered nurses and experienced practitioners wishing to develop and refine their health assessment skills Comprehensively addresses approaches to the context of health assessment in nursing key functional areas of health assessment and assessment tools and techniques Spelling terminology measurements cultural and social considerations clinical procedures and best practice updated to

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