

PHYSICAL ASSESSMENT

NUR 181

LAB GUIDE

Physical Assessment
Health History

Biographical Data

Name:

Address:

Phone number:

Age:

Birthdate:

Birthplace:

Sex:

Marital Status:

Race/ethnic origin:

Occupation:

Religion:

Health Insurance:

Source of history and reliability:

Reason for seeing care:

Past History

Past medical history:

Past surgical history:

Obstetrical history:

Allergies:

Medications:

Family history:

Review of Systems

Neurologic:

Cardiovascular:

Respiratory:

Gastrointestinal:

Genitourinary:

Skin:

Health History continued

Musculoskeletal:

Exposure to communicable disease:

Home environment:

Leisure activities:

Nutrition:

Support systems:

Smoking:

Alcohol use:

**Physical Assessment
Mental Status
USCR: Normalcy**

Supplemental Mental Status Exam

Orientation

Date/season (5 points):

State, country, town (5 points):

Registration/memory

3 unrelated objects (0-3 points):

Attention/concentration

Spell world backwards (0-5 points):

Recall

Ask for 3 unrelated objects under registration/memory (0-3 points):

Language

Show 2 objects, ask patient to state what they are (0-2 points):

Repeat a sentence (1 point):

3 stage command (3 points):

Follow command written on a piece of paper (1 point):

Write a sentence with a subject and a verb (1 point):

Draw 2 intersecting pentagons and have patient copy (1 point):

TOTAL:

Physical Assessment
Nutrition
USCR: Food

Subjective Data

Eating Patterns:

Usual weight:

Change in appetite, taste, chewing, swallowing:

Recent surgery, trauma, burns, infection:

Chronic illness:

Vomiting, diarrhea, constipation:

Food allergy/intolerance:

Medications:

Self care behaviors:

Alcohol/drug use:

Tobacco use:

Exercise and activity patterns:

Family history:

Dietary screening tool data:

Objective Data

General appearance:

Skin:

Face:

Hair:

Eyes:

Lips:

Nutrition Assessment continued

Tongue:

Gums:

Nails:

Musculoskeletal:

Height:

Weight:

Body weight as a percent of ideal body weight:

Labs

Hemoglobin:

Hematocrit:

Cholesterol:

Triglycerides:

Albumin:

Glucose:

Physical Assessment
Skin, Hair, Nails
USCR: Prevention of Hazards

Subjective Data

History of skin disease or infection:

Change in pigment:

Change in mole:

Excessive dryness or moisture:

Pruritis:

Bruising:

Rash or lesion:

Sores or ulcers:

Medications:

Hair loss:

Hair treated with chemicals:

Nails:

Artificial nails:

Environmental or occupational hazards:

Self care behaviors of skin, hair, and nails:

Objective Data

Inspect skin

Color:

Vascularity or bruising:

Lesions:

Skin, Hair and Nails continued

Palpate skin

Temperature:

Moisture:

Texture:

Thickness:

Edema:

Mobility or turgor:

Inspect hair

Texture:

Color:

Distribution:

Cleanliness:

Inspect nails

Shape:

Color:

Hygiene:

Attachment:

Physical Assessment
Head and Neck
USCR: Normalcy

Subjective Data

Headaches:

Head Injury:

Dizziness:

Neck pain:

Lumps or swelling in head or neck:

Surgery on head or neck:

Loss of consciousness or seizures:

Recent infection:

Objective Data

Inspection

Skull:

Facial expression:

Neck:

Pulsations:

Trachea:

Palpation

Skull:

Lymph nodes:

Trachea:

Thyroid:

Temporomandibular joint:

**Physical Assessment
Eyes
USCR: Prevention of Hazards**

Subjective Data

Difficulty seeing or blurred vision:

State of vision today:

Eye pain:

Crossed eyes:

Redness or swelling:

Watering or tearing:

Injury to the eye:

Eye surgery/disease of eye:

Last glaucoma test:

Glasses or contacts:

Last vision exam:

Medications:

Objective Data

Test visual acuity

Snellen Eye Chart

L_____ R_____

Jaeger Chart

L_____ R_____

Inspect external eye structures

Eyebrows L_____ R_____

Eyelids and lashes L_____ R_____

Eyeballs L_____ R_____

Conjunctiva L_____ R_____

Sclera L_____ R_____

Inspect anterior eye structures

Cornea L_____ R_____

Iris L_____ R_____

Physical Assessment
Ears
USCR: Prevention of Hazards

Subjective Data

Earache or pain:

Describe hearing:

Ear infections:

Discharge:

Hearing loss:

Environmental noise:

Tinnitus:

Vertigo:

Self care:

Objective Data

Inspection

Size and shape:

Skin condition:

External auditory meatus:

Palpation

Tenderness:

Test hearing acuity

Voice test L_____ R_____

Physical Assessment
Nose, Mouth, and Throat
USCR: Prevention of Hazards

Subjective Data

Nose

Discharge:

Frequent colds:

Sinus pain:

Trauma:

Epistaxis:

Allergies or hay fever:

Altered smell:

Mouth and Throat

Sores or lesions

Sore throat:

Bleeding gums:

Toothache:

Hoarseness:

Dysphagia:

Altered taste:

Smoking:

Self care behaviors:

Nose, Mouth, and throat continued

Objective Data

Inspect nose

Symmetry:

Test patency of each nostril:

Palpate sinus area

Frontal:

Maxillary:

Inspect the mouth

Lips:

Gums:

Teeth:

Tongue

Buccal mucosa:

Throat:

Physical Assessment
Thorax and Lungs (Respiratory System)
USCR: Air

Subjective Data

Cough (productive or non-productive):

Shortness of breath (quantify):

Chest pain with breathing:

Past history of lung diseases (medical and surgical):

Smoke (type, amount, and pack years):

Living or work conditions that affect breathing:

Last TB test, chest x-ray, flu vaccine, Pneumovax::

Objective Data

Inspection

Thoracic cage:

Respiratory rate and pattern:

Person's position:

Person's facial expression:

Level of consciousness:

Palpation of Posterior Chest

Symmetrical chest expansion:

Tactile fremitus:

Percussion of Posterior Chest

Document percussion note that predominates over lung fields:

Auscultation of Posterior Chest

Describe lung sounds:

Diagnostics

Chest x-ray:

Arterial blood gas:

Oxygen saturation with pulse oximeter:

**Physical Assessment
Breasts
USCR: Prevention of Hazards**

Subjective Data

Pain or tenderness in breasts:

Lump or thickening:

Discharge from nipples:

Rash:

Swelling:

Trauma or injury:

Past history of breast disease (medical and surgical):

Performs breast self-exam:

Last mammogram:

Objective Data

Inspection

Inspect for retraction:

Inspect for nipple discharge:

Palpation

Palpation of breast:

Palpation of nipple:

Palpation of axilla:

Physical Assessment
Abdomen
USCR: Elimination

Subjective Data

Change in appetite:

Difficulty swallowing:

Food intolerance:

Abdominal pain:

Nausea or vomiting:

Frequency of bowel movements:

Past GI history (medical and surgical):

Medications:

24 hour food history:

Objective Data

Inspection

Inspect abdominal contour:

Inspect for symmetry:

Skin color and condition:

Pulsation or movement:

Umbilicus:

Hair distribution:

Hydration and nutrition:

Auscultation

Bowel sounds:

Bruits:

Abdomen continued

Percussion

Percuss 4 abdominal quadrants

Palpation

Lightly palpate 4 abdominal quadrants:

Diagnostics

Amylase:

SGOT:

SGPT:

Stool guaiac:

Abdominal x-ray:

Physical Assessment
Peripheral Vascular
USCR: Water or Air

Subjective Data

Leg pain or cramps:

Skin changes on arms or legs:

Lesions on arms or legs:

Swelling or edema in the legs:

Swollen glands:

Medications:

Past peripheral vascular medical/surgical history:

Hx of smoking:

Objective Data

Inspection of upper extremities

Capillary refill:

Edema of upper extremities:

Palpation of upper extremities

Radial pulse:

Brachial pulse:

Allen test:

Inspection of lower extremities

Color of lower extremities:

Edema of lower extremities:

Calf circumference:

Peripheral Vascular continued

Palpation of lower extremities

Temperature of lower extremities:

Femoral pulse:

Popliteal pulse:

Posterior tibial pulse:

Dorsalis pedis/pedal pulse:

Auscultation

Doppler:

Diagnostics

Angiogram:

Hemoglobin:

Hematocrit:

Oxygen saturation with pulse oximeter:

Platelets:

PT:

PTT:

Glucose:

Physical Assessment
Heart (Cardiovascular System)
USCR: Water or Air

Subjective Data

Chest pain or tightness (quantify):

Shortness of breath:

Orthopnea:

Cough (productive or non-productive):

Fatigue:

Cyanosis:

Edema:

Nocturia:

Past history of heart disease (medical or surgical):

Family history of cardiac disease:

Modifiable risk factors:

Non-modifiable risk factors:

Objective Data

Inspect carotid arteries:

Palpate carotid arteries:

Auscultate carotid artery:

Inspect external jugular vein:

Auscultate apical pulse

Document rate and rhythm:

Identify S1 and S2:

Palpate pedal pulse

Diagnostics

CPK:

PT:

PTT:

EKG:

Hemoglobin:

Hematocrit:

Physical Assessment
Musculoskeletal
USCR: Prevention of Hazards

Subjective Data

Joint pain:

Joint stiffness:

Swelling, heat, redness in joints:

Limitation of movement:

Muscle pain:

Bone or joint deformity:

Accidents or trauma to bone:

Back pain:

Functional assessment:

Self care behaviors:

Objective Data

Inspection

Joints:

Palpation

Joints:

Muscle strength

Deltoid:

Biceps:

Triceps:

Wrist and fingers:

Hand grip:

Hips:

Hamstrings:

Quadriceps:

Ankles and feet:

Musculoskeletal continued

Spine

Inspect:

Palpate:

ROM:

Diagnostics

X-ray:

EMG:

ANA:

Physical Assessment
Neurologic
USCR: Prevention of Hazards

Subjective Data

Headaches:

Head injury:

Dizziness:

Seizures:

Tremors:

Weakness:

Coordination:

Numbness or tingling:

Difficulty swallowing:

Difficulty speaking:

Past neurologic history (medical or surgical):

Environmental/occupational hazards:

Physical Assessment

Cranial nerves

I:

II:

III, IV, VI:

V:

VII:

VIII:

IX, X:

XI:

XII:

Neurologic continued

Motor system

Hand grasp:

Foot push:

Cerebellar function

Gait:

Romberg:

Finger to finger test:

Finger to nose test:

Sensory system

Pain:

Light touch:

Tactile discrimination

Stereognosis:

Graphesthesia:

Reflexes

Biceps:

Patellar:

Babinski:

Diagnostics

Scans:

EEG:

Lumbar puncture:

Physical Assessment
Genitourinary
USCR: Elimination

Subjective Data (male and female)

Frequency:

Dysuria:

Urine color:

Incontinence:

Past GU history:

Sexual activity/contraception:

Sexually transmitted diseases:

Subjective Data (males)

Hesitancy/straining:

Penis:

Self care behaviors:

Subjective Data (females)

Menstrual history:

Obstetric history:

Menopause:

Vaginal discharge:

Self care behaviors:

Objective Data (male and female)

Inspection

Bladder:

Palpation

Bladder:

Percussion

Bladder:

Genitourinary continued

Objective Data (males)

Inspect

Penis:

Scrotum:

Hernia:

Perineum:

Palpate

Penis:

Scrotum:

Lymph nodes:

Objective Data (females)

Inspection

Labia majora:

Labia minora:

Perineum:

Diagnostics

Cystoscopy:

Urinalysis:

Urine culture and sensitivity

VDRL:

PSA:

PAP smear:

**NUR 181
PHYSICAL ASSESSMENT FINAL RETURN DEMONSTRATION**

	SATISFACTORY	UNSATISFACTORY
NEUROMUSCULAR	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Hand grasp		
Foot push		
Smile symmetry		
Tongue protrusion		
PERL		
CARDIOVASUCLAR	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Palpate carotid pulse		
Inspect jugular vein		
Auscultate apical pulse (rate)		
Palpate pedal pulse		
RESPIRATORY	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Auscultate lungs		
Capillary refill		
SKIN	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Inspect conjunctiva		
Inspect for integrity		
Wounds/dressings		
GASTROINTESTINAL	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Inspect abdomen		
Auscultate abdomen		
Percuss abdomen		
Gentle palpation		
GENITOURINARY	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Urine color		
Urine clarity		
Urine amount		