Patient Name:_____ Date:_____

## NURSING PHYSICAL ASSESSMENT

| SYSTEM | WNL | 7A-7P TIME: | 7P-7A TIME: |
|---|---|---|---|
| NEUROLOGICAL | • Alert & Oriented X3<br>• Behavior appropriate to situation<br>• Active ROM of all extremities<br>• Speech intelligible<br>• PERLA<br>• Reflexes intact (Gag, Swallow, Blink, Cough)<br>• Experiencing no pain. | ❑ WNL<br>❑ Exceptions:_____ | ❑ WNL<br>❑ Exceptions:_____ |
| PULMONARY | • Respirations regular<br>• BBS clear<br>• Symmetrical chest expansion<br>• Nail beds pink | ❑ WNL<br>❑ Exceptions:_____<br>❑ Tracheostomy ❑ ETT Mode _____<br>❑ Chest tube VT _____<br>❑ BIPAP/CPAP FiO2 _____<br>❑ O2_____L/min Rate _____<br>❑ Cannula/Mask PS _____<br>❑ Ambu bag at bedside PEEP_____ | ❑ WNL<br>❑ Exceptions:_____<br>❑ Tracheostomy ❑ ETT Mode _____<br>❑ Chest tube VT _____<br>❑ BIPAP/CPAP FiO2 _____<br>❑ O2_____L/min Rate _____<br>❑ Cannula/Mask PS _____<br>❑ Ambu bag at bedside PEEP_____ |
| CARDIOVASCULAR | • S1 & S2 audible<br>• Radial-Pedial pulses regular, strong & palpable bilaterally<br>• No peripheral edema<br>• Cap refill < 3 secs<br>• $\phi$ edema<br>• Homan's negative<br>• No JVD<br>• Apical pulse regular<br>• Radial pulse regular | ❑ WNL<br>❑ Exceptions:_____<br>❑ Pacemaker<br>❑ Cardiac rhythm_____<br>(Post Strip) | ❑ WNL<br>❑ Exceptions:_____<br>❑ Pacemaker<br>❑ Cardiac rhythm_____<br>(Post Strip) |
| GASTROINTESTINAL | • Abdomen soft, non-tender, non distended<br>• Bowel sounds active X4<br>• Tolerated diet<br>• Normal chewing and swallowing<br>• Continent | ❑ WNL<br>❑ Exceptions:_____<br>❑ NG ❑ DOBHOFF ❑ PEG ❑ J Tube<br>❑ Placement Verified<br>❑ Ostomy ❑ Incontinent | ❑ WNL<br>❑ Exceptions:_____<br>❑ NG ❑ DOBHOFF ❑ PEG ❑ J Tube<br>❑ Placement Verified<br>❑ Ostomy ❑ Incontinent |
| GENITO-URINARY | • Urine clear<br>• No odor<br>• Color yellow to amber<br>• Continent | ❑ WNL<br>❑ Exceptions:_____<br>❑ Foley ❑ Suprapubic ❑ Diaper ❑ Condom | ❑ WNL<br>❑ Exceptions:_____<br>❑ Foley ❑ Suprapubic ❑ Diaper ❑ Condom |
| INTEGUMENT | • Warm, dry, pink<br>• Elastic turgor<br>• Intact<br>• Mucous membranes moist, pink | ❑ WNL<br>❑ Exceptions*:_____<br>*See Skin Page | ❑ WNL<br>❑ Exceptions*:_____<br>*See Skin Page |
| MUSCULO-SKELETAL | • Absence of joint swelling or tenderness<br>• Normal ROM of all joints<br>• Independent gait | ❑ WNL<br>❑ Exceptions:_____ | ❑ WNL<br>❑ Exceptions:_____ |
| PSYCHOSOCIAL | • Appropriate appearance & behavior<br>• Verbalizations appropriate to situation<br>• Memory intact<br>• Appropriate affect | ❑ WNL<br>❑ Exceptions:_____ | ❑ WNL<br>❑ Exceptions:_____ |

7A Signature/Title: **X**_____ 7P Signature/Title: **X**_____