GUIDELINES FOR CHARTING PHYSICAL ASSESSMENT

NEUROLOGICAL	
Level of consciousness	Alert, awake, lethargic, stuporous, comatose
Orientation	0 x 3 person, place, time; behavior, mood, affect, speech: clear, mumbles, aphasic
Pupil size/response	shape, symmetry of size, response to light, to accommodation (consensual, direct), PERRLA (pupils equal, round, reactive to light and accommodation)
Psychoscial problem	
Communication disorders	response to simple commands or pain, aphasia, unresponsive
Changes in vital signs	blood pressure and respirations
Headache	
CARDIOVASCULAR	
Pulses	peripheral, absent, 1+ to 4+, bilateral equal/unequal
Vital signs	nursing interventions to abnormal v.s. must be documented
Neck	carotid pulse, neck veins, distention
Cardiac monitor	rate and rhythm, sounds S1, S2, documented q 4 hrs.
Perfusion	Skin color, temperature, diaphoresis, clammy skin, mottling, circum-oral pallor, capillary refill, (sluggish, rapid <5 sec., Homan's sign (neg., pos., bilateral, unilateral), edema (dependent, pitting: 1+ to 4+), petechiae
Heart sounds	auscultation, palpate PMI
IVs and other invasive lines	document observations and infusion rates, type of fluid and any additive IV pump in use, IV site condition (red, swollen, dressing dry/intact)
Weight	↑ ↓ days/month, ratio to height, IBW
Miscellaneous observations	clubbing of nails, nail color, TED, sequential compression device (SCD)
Chest pain, palpitation, syncope	
RESPIRATORY/PULMONARY	
Shape of chest	symmetrical, asymmetrical, barreled
Respiratory rate and pattern	Shallow, deep, inspiratory, expiratory, eupnea
Breath sounds	Bilateral, anterior/posterior, clear, moist, dry crackles (rales), rhonchi, wheezes (expiratory, inspiratory), diminished lower lobes, friction rub

Respiratory, continued

Sputum observation	expectorated, coughed, suctioned, color, character (purulent, frothy), amount
Skin color	dusky, cyanotic, circumoral pallor, acrocyanosis, ruddy, "pink puffer"
Supplemental oxygen	method of administration (mask, nasal cannula, tent), flow rate, patient response, trach cuff
Treatments	TCDB, patient response, incentive spirometer
ABG reports	
Chest or pleuritic pain	
GASTROINTESTINAL	
Abdomen	general appearance
Size	flat, rounded, distended, incision (scars, initial assessment only)
Mouth	Lips, gums, tongue
Teeth	missing, endentulous
Abdominal dressings	clean, dry, intact, drainage; if the incision is not fresh, raise the edge to assess the site and chart your findings. In addition: kind of incision or wound, location and approximate size, kind of dressing (gauze, Tegaderm, etc.). Site assessment: redness edema, painful, amount of drainage (small, moderate, saturated), sanguineous, odor, color of drainage, type of drainage (purulent, serosanguineous, sanguineous) *Check under the patient for any bleeding from a wound or incision*
Bowel sounds	present, hyper-/hypoactive, absent $\underline{+}\,\underline{+}$ (normal range q 5-30 sec.)
Nasogastric and other tubes	kind of tube, location, type of drainage (color, consistency, turbidity), clamped, unclamped, connected to equipment, compressed, irrigation ordered, irrigation amount
Nausea, emesis	color character, amount, frequency
Pain	tenderness, peristaltic, fluid waves
Stools	amount (large, medium, small), color (brown, clay, tarry), character (formed, semi-formed, liquid) flatus, incontinence, special concerns (e.g., + guaiac)
Nutrition	appetite (% meal consumed), intolerance to foods, heart burn, special diet, TPN.

GENITOURINARY	
Urine	amount, color (clear, amber, yellow), character (hazy), peculiar odor (foul, aromatic, sweet)
Catheter	type (foley, suprapubic, ureteral, condom)
Drainage	gravity, urimeter, Murphy drip
Voiding	frequency, nocturia, dribbling, dysuria, burning incontinence, sufficient quanity
Vaginal and meatal drainage	
Prostate problems, testicular, change in size of scrotum	
SKIN/INTEGUMENTARY	
Document any abnormalities: skin integrity intact, pruritus, skin lesions, hair distribution, pigmentation, bulges, pulsations, rashes, bruised (ecchymosis), sutures, erythema (redness), pallor, petechiae (tiny, minute red/purple hemorrhages)	
Wound/decubitus	location, approximate size, color, drainage, non-draining type of dressing (if any)
General description	rashes, color, turgor (elastic/tenting), texture, hair, nails, scars
Allergies	NKA – be specific
Skin color	Light to deep brown, ruby to light pink, yellow overtones to olive, jaundice
MUSCULAR/SKELETAL	
Ambulates with or without assistance; gait slow, steady/unsteady (uses can, walker, W/C); wheelchair self-propelled with feet or arms; weight beating full/partial, r/l; contractures, where? Paralysis, hemiparesis, quadriplegic; stiffness; deformities, ROM active/passive, bedfast, total/partial MAEW (moves all extremities well); joint swelling or tenderness; fractures (past or present); posture aligned, poorly aligned; flaccid, atrophied muscles; symmetry; hand grip strength 1-5; crepitus with movement	