

Vital Signs

- A. Pulse ____beats/min
- B. Respirations ____breaths/min
- C. Blood Pressure ____mm Hg/ ____mm Hg
- D. Oxygen Saturation _____ SO_{2a}
- E. Temperature ____ degrees Fahrenheit
- F. Height _____ft _____inches
- G. Weight _____lbs
- H. Notes:

History of Present Illness

I. Mental Status

Have you experienced any disorientation or confusion recently?
Have you experienced any depression or anxiety recently?

II. Growth

Have you noticed any weight loss, weight gain, or physical changes lately?

III. Nutrition

Have you noticed any weight loss, weight gain, or physical changes lately?
Have you made any recent changes to your eating habits?
Have you felt exhausted lately?

IV. Pain

Have you noticed any pain lately? If so when did it start, where does it hurt, what is its intensity, has it effected on your daily activities and mood, has it caused any other sort of discomfort or symptoms?

V. Skin, Hair, Nails

Have you noticed any rashes, bumps, red spots or irritation on your skin recently?
Have you noticed any changes in your hair's thickness, color, feel, or growth lately?
Have you noticed any changes in your nail's lately?

VI. Lymphatic System

Have you experienced any swelling lately?

VII. Head & Neck

Have you had headaches or a stiff neck recently?
Have you experienced a head injury recently?

VIII. Eyes, Ears, Nose, Throat

Have you experienced any trouble seeing, or discomfort in your eyes?

Have you had trouble hearing or experienced ear pain recently?
Have you had any nosebleeds, a runny nose, and/or been snoring recently?
Have you experienced any pain, pressure, and/or stuffiness around your nose recently?
Have you had any toothaches, cuts, and/or general discomfort in your mouth lately?
Have you had a sore throat, difficulty swallowing, or sounded funny recently?

IX. Chest & Lungs

Have you experienced any coughing, shortness of breath, or chest pain recently?

X. Heart

Have you experienced any fatigue, difficulty breathing, or shortness of breath lately?
Have you experienced any chest pain recently?
Have you any episodes where you lost consciousness recently?

XI. Blood Vessels?

Have you had any leg pain or cramps lately?
Have your ankles been swollen recently?

XII. Abdomen

Have you experienced any abdominal pain, indigestion, nausea, or vomiting recently?
Have you had any instances of diarrhea or constipation lately?
Have you had any trouble peeing lately or felt the need to pee frequently?

XIII. Musculoskeletal

Have you experienced any discomfort in your joints?
Have you experienced any discomfort in your muscles?
Have you had any recent injuries or back pain?

XIV. Neurologic

Have you experienced any seizures, convulsions, or tremor lately?
Have you experienced any general weakness lately?
Have you had a moto issues or experienced a lack of coordination lately?

Upon completion of Vital Signs, an assessment of History of Present Illness, and a Physical Examination, the nursing staff recommend the development of an Emergency Care Plan:

YES NO Nurse's Printed Name: _____
Nurse's Signature: _____
Date: ____ / ____ / _____

Physical Examination

I. Mental Status

Physical Appearance and Behavior

- Grooming
- Emotional Status
- Body Language

State of Consciousness

Cognitive Ability

- Analogies
- Abstract Reasoning
- Arithmetic Calculation
- Writing Ability
- Execution of Motor Skills
- Memory
- Attention Span
- Judgement

Speech and Language Skills

- Voice Quality
- Articulation
- Comprehension
- Coherence

Emotional Stability

- Mood and Feelings
- Thought Process and Content
- Perceptual Distortions and Hallucinations

Additional Procedures

- Glasgow Coma Scale

II. Growth

Weight and Standing Height

Body Mass Index

- Upper to Lower Segment Ratio
- Arm Span

III. Nutrition

Anthropometrics

- Waist Circumference

Waist-to-Hip Circumference Ratio

Determination of Diet Adequacy

- Twenty-Four-Hour Recall Diet
- Food Diary

Measures of Nutrient Analysis

- My Pyramid Food Guide (MyPlate)
- Vegetarian Diets
- Ethnic Food Guide Pyramids

Measures of Nutrient Adequacy

Special Procedures

- Triceps Skinfold Thickness
- Mid-Upper Arm Circumference
- Midarm Muscle Circumference/Midarm Muscle Area

Student Name: _____

Student ID: _____

Date of Birth: _____

IV. Pain

Self-Report Pain Rating Scales

Assessing Pain Behaviors

V. Skin, Hair, Nails

Skin

Inspection

Palpation

Hair

Nails

Inspection

Palpation

VI. Lymphatic System

Inspection and Palpation

Head and Neck

Axillae

Epitrochlear Lymph Nodes

Inguinal and Popliteal Lymph Nodes

Spleen

VII. Head & Neck

Head and Face

Inspection

Palpation

Percussion

Auscultation

Neck

Inspection

Palpation

Lymph Nodes

Thyroid Gland

VIII. Eyes, Ears, Nose, Throat

Visual Acuity Testing

External Examination

Surrounding structures

Eyelids

Palpation

Conjunctiva

Cornea

Iris and Pupil

Lens

Sclera

Lacrimal Apparatus

Extraocular Muscles

Ophthalmoscopic Examination

Unexpected Findings

Ears and Hearing

External ear

Otoscopic Examination

Hearing Evaluation

Nose, Nasopharynx, and Sinuses

External Nose

Nasal Cavity

Sinuses

Student Name: _____

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Mouth and Oropharynx

Lips

Buccal Mucosa, Teeth, and Gums

Oral Cavity

Oropharynx

IX. Chest & Lungs

Inspection

Respiratory Patterns

Observing Respiration

Looking for Clues at the Periphery

Palpation

Examining the Trachea

Percussion

Diaphragmatic Excursion

Auscultation

Breath Sounds

Vocal Resonance

Coughs

Sputum

X. Heart

Inspection

Palpation

Percussion

Auscultation

Basic Heart Sounds

Extra Heart Sounds

Heart Murmurs

Rhythm Disturbance

XI. Blood Vessels

Peripheral Arteries

Palpation

Auscultation

Assessment for Peripheral Arterial Disease

Blood Pressure

Peripheral Veins

Jugular Venous Pressure

Hepatojugular Reflux

Evaluation of Hand Veins

Assessment for Venous Obstruction and Insufficiency

XII. Abdomen

Inspection

Surface Characteristics

Contour

Movement

Auscultation

Bowel Sounds

Additional Sounds and Bruits

Percussion

Liver Span

Spleen

Gastric Bubble

Kidneys

Student Name: _____

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Date of Birth: _____

Palpation

- Light Palpation
- Moderate Palpation
- Deep Palpation
- Masses
- Umbilical Ring
- Palpation of Specific Organs and Structures

Additional Procedures

- Ascites Assessment
- Pain Assessment
- Abdominal Signs
- Rebound Tenderness
- Illiopsoas Muscle Test
- Obturator Muscle Test
- Ballottement

XIII. Musculoskeletal

Inspection

Palpation

Range of Motion

Muscle Strength

Specific Joints and Muscles

- Hands and Wrists
- Elbows
- Shoulders
- Temporomandibular Joint
- Cervical Spine
- Thoracic and Lumbar Spine
- Hips
- Legs and Knees
- Feet and Ankles

Additional Procedures

- Hand and Wrist Assessment
- Shoulder Assessment
- Lower Spine Assessment
- Hip Assessment
- Knee Assessment
- Limb Measurement

XIV. Neurologic

Cranial Nerves

- Olfactory
- Optic
- Oculomotor
- Trochlear
- Abducens
- Trigeminal
- Facial
- Acoustic
- Glossopharyngeal
- Vagus
- Spinal Accessory
- Hypoglossal

Proprioception and Cerebellar Function

- Coordination and Fine Motor Skills
- Balance

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Sensory Function

Primary Sensory Functions

Cortical Sensory Functions

Reflexes

Superficial Reflexes

Deep Tendon Reflexes

Additional Procedures

Protective Sensation

Meningeal Signs

Posturing