

# NURSING PHYSICAL HEALTH ASSESSMENT

**INSPECT**  
**PALPATE**  
**PERCUSS**  
**AUSCULTATE**



## INTRODUCTION

- Hand hygiene
- Provide privacy
- Introduce yourself
- Explain procedures to patient
- Verify patient ID & DOB

## A & O

- What is your name?
- What is your DOB?
- Where are you?
- Who is the U.S. President?
- Do you know the date?
- What are you doing here?

## OBSERVING THE PATIENT

- Emotional status
- Speech
- Behavior / follows instruction
- Skin color appropriate for race
- Looks stated age
- Hygiene maintained
- Responds appropriately
- Outward abnormalities: abnormal smells, lesions, erythema, cyanosis, moles

## VITALS

- Heart Rate: 60 - 100 bpm
- Blood Pressure: 90/60 - 120/80 mm Hg
- O<sub>2</sub> Saturation: 94-99%
- Respirations: 12-20 bpm
- Temperature: 97.8 - 99.1 F
- Pain Numeric Scale 1-10

## EARS

### INSPECT

- Abnormalities, redness, drainage, topk (post-operative)

### PALPATE

- Palpate ear for tenderness, abnormal masses & lesions

Test cranial nerve VIII

(Vestibulocochlear) with whisper test:

- Have patient occlude one ear & whisper two words behind other & have patient repeat words

## HEAD

### INSPECT

- Skin color, appropriate size for frame, looking for any abnormal facial movements / twitching, ensuring face is symmetrical & no signs of facial drooping, examination of eyes & ears are last, lastline

### PALPATE

- Palpate cranium for lesions, masses, indentations, tenderness, skin tenderness, or any abrupt bald spots, check facial hair
- Palpate temporal mandibular joint for stiffness & clicking
- Palpate sinus cautions: maxillary & frontal

## NOSE

### INSPECT

- Abnormalities, drainage, symmetry, size & shape, inspect septum
- Inspect inside nose for polyps, drainage, redness

Test patency of nares: have patient occlude one naris & breathe in & out to observe airflow

Test cranial nerve I (Olfactory): have patient close eyes & smell something

## EYES

### INSPECT

- Eyelids, iris, pupil, sclera, conjunctiva
- Strabismus:** normal inward/outward turning of eye(s)  
**Anisocoria:** one pupil larger/smaller than other  
**Nystagmus:** involuntary shaking of eyes  
**Pupils should be 2-5mm & equal in size**

Test cranial nerves:

III (Oculomotor), IV (Trochlear), V (Abducens)

Examine how the pupils react to light

- Patient should look at object far away to dilate eyes
- Light shone onto an eye - both pupils should dilate

**Accommodation**

- Have patient stare off at distant object, look at penlight and direct to tip of nose
- Patient's pupils should constrict & accommodate

### PERILA

- PUPILS are EQUAL, ROUND & REACTIVE to LIGHT & ACCOMMODATION

## MOUTH

### INSPECT

- Lips for chapped, sores, & color
- Inside mouth: pink & moist, tongue is moist & pink, look for lesions, sores, broken teeth, soft & hard palate, uvula placement

Test cranial nerve IX (glossopharyngeal): have patient say "ah" & watch uvula move

Test cranial nerve XII (hypoglossal): stick out tongue & move side to side

Test cranial nerve V (trigeminal) with ability to swallow

# **Nursing Physical And Health Assessment Guide**

**Carolyn Jarvis, PhD, APN, CNP, Ann L.  
Eckhardt**



## **Nursing Physical And Health Assessment Guide:**

*Study Guide & Laboratory Manual for Physical Examination & Health Assessment E-Book* Carolyn Jarvis, Ann L. Eckhardt, 2023-01-02 Both a comprehensive lab manual and a practical workbook the Study Guide Laboratory Manual for Physical Examination Health Assessment 9th Edition gives you the tools you need to master physical examination and health assessment skills in the lab and in clinical practice Corresponding to the bestselling Jarvis textbook this guide features terminology reviews application activities clinical judgment questions regional write up sheets and narrative summary forms with answers to study questions at the back of the book to facilitate both learning and review The 9th edition has been thoroughly updated with a fresh focus on the Next Generation NCLEX NGN with case studies featuring new NGN question formats to prepare you not only for the skills laboratory but for success on the NCLEX and in interprofessional collaborative practice Authoritative review and guidance for laboratory experiences personally written by the textbook authors provide a seamlessly integrated study and clinical experience Consistent format includes Terminology Review Study Guide and Clinical Judgment Questions in each chapter Physical examination forms familiarize you with what you will encounter in clinical practice and offer practice in documenting the patient history and examination findings The only full color illustrated lab manual available for a nursing health assessment textbook with anatomy exercises that align with the main text NEW Clinical judgment exercises equip you for success on the Next Generation NCLEX NGN including questions with an increased focus on clinical judgment robust single episode case studies that employ the latest NGN question types and unfolding case studies which reflect the language of the NCSBN Clinical Judgment Measurement Model NEW Chapter 33 includes unfolding case studies for the NGN that present opportunities for you to practice prioritizing decision making and using clinical judgment skills NEW Increased emphasis on activities focused on higher cognitive levels Applying and above UPDATED Critical Thinking Exercises offer suggested readings based on your participation in the skills lab and discussions with your instructor UPDATED Content corresponds to the 9th edition of the Jarvis textbook and incorporates the latest research and evidence based practice

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