

## Physical Assessment Checklist

Handwashing: before \_\_\_\_\_ after: \_\_\_\_\_

### Primary Survey

Assess ABC's and LOC – call immediately if any concerns

Temperature of room

Intro (NOD) \_\_\_\_\_ Arm band \_\_\_\_\_

Vitals \_\_\_\_\_

### CNS

Orientation: Person \_\_\_\_\_ Place \_\_\_\_\_ Time \_\_\_\_\_ cognition \_\_\_\_\_ hearing \_\_\_\_\_

GCS: Alert \_\_\_\_\_ Verbal \_\_\_\_\_ Motor \_\_\_\_\_ Pupils \_\_\_\_\_

Pain: \_\_\_\_\_ Last analgesic \_\_\_\_\_

### CVS/ SKIN

Pulses: radial \_\_\_\_\_ pedal \_\_\_\_\_

Heart sounds: apical \_\_\_\_\_ (compare apical to radial at the same time)

Edema \_\_\_\_\_ Cap refill \_\_\_\_\_

Skin color \_\_\_\_\_ condition \_\_\_\_\_ (assess pressure area throughout exam) Temp \_\_\_\_\_

Incision / Wounds \_\_\_\_\_ Dressing \_\_\_\_\_ Tubes/ drains \_\_\_\_\_

IV site \_\_\_\_\_ Solution \_\_\_\_\_ Rate \_\_\_\_\_

### RESP

Rate \_\_\_\_\_ Rhythm \_\_\_\_\_ Quality \_\_\_\_\_ supplemental O2 \_\_\_\_\_

Inspection \_\_\_\_\_ accessory muscles \_\_\_\_\_ cyanosis \_\_\_\_\_ symmetry \_\_\_\_\_

Auscultation: anterior \_\_\_\_\_ posterior \_\_\_\_\_ SOB \_\_\_\_\_ Cough \_\_\_\_\_ Sputum \_\_\_\_\_

Incentive spirometry \_\_\_\_\_

### GI:

Diet \_\_\_\_\_ Appetite \_\_\_\_\_ last meal \_\_\_\_\_ swallowing \_\_\_\_\_ nausea \_\_\_\_\_ vomiting \_\_\_\_\_

Tubes \_\_\_\_\_ NG \_\_\_\_\_ tube feed \_\_\_\_\_ (solution, rate, residuals if NG) Ostomy \_\_\_\_\_ TPN \_\_\_\_\_

BM \_\_\_\_\_ Flatus \_\_\_\_\_

Inspection \_\_\_\_\_ Auscultation \_\_\_\_\_ Palpation \_\_\_\_\_

### GU:

Urine characteristics \_\_\_\_\_ amount \_\_\_\_\_ last void \_\_\_\_\_ difficulty/pain \_\_\_\_\_ incontinence \_\_\_\_\_

Catheter \_\_\_\_\_

### Safety/ ADLs:

Call bell \_\_\_\_\_ Side rails \_\_\_\_\_ Safety Check of room \_\_\_\_\_

### MSK/functional assessment

Able to bridge in bed? \_\_\_\_\_

Able to lift leg and hold \_\_\_\_\_

Able to turn body in bed to left? \_\_\_\_\_ Right? \_\_\_\_\_