

**Capital Area School of Practical Nursing
Physical Assessment**

Document assessment data and include normal as well as abnormal in space provided.	Student name:
Patient initials and Age	
Diagnosis	
Obtain Height and Weight	
Obtain Vital Signs including pain scale	
Assess gait, note any mobility aids	
Assess general appearance	
Assess general body build	
Assess ability to respond and communicate	
Assess facial expression and reaction to caregiver	
Assess hygiene, grooming, odors, etc.	
Assess LOC, orientation x3	
Assess mood/affect	
Assess speech and describe any abnormalities	
Inspect/palpate head for size, shape, hair distribution and color, tenderness or abnormalities	
Assess face for symmetry	
Inspect and palpate face for any tenderness or abnormalities	
Assess eyelids for drooping/sagging	
Assess color of sclera	
Assess size of pupils	
Assess symmetry, shape, pupil response by shining light into each pupil	
Assess eye movement by moving penlight in different directions	
Assess vision (use of glasses)	
Assess ears for shape, placement, symmetry and discharge	
Assess hearing (use of hearing aids)	
Assess placement of nose and patency of nares	
Assess nasal mucosa by shining pen light	
Assess any drainage and assess septum for deviation	
Assess mouth, lips, and oral mucosa	
Assess condition of gums and teeth	
Assess tongue and check for midline protrusion	
Assess for rising uvula	
Inspect and palpate neck for trachea placement, tenderness or any abnormalities	
Palpate carotid arteries (one at a time)	
Assess for dehydration by pinching skin over clavicle	

Inspect and palpate skin for any lesions, discolorations, or abnormalities throughout assessment. (esp. bony prominences)	
Inspect and palpate skin for color, temperature, moisture	
Palpate brachial and radial pulses	
Assess capillary refill	
Assess muscle strength in upper extremities and ROM	
Inspect respirations	
Assess use of accessory muscles and posture	
Describe any cough or sputum	
Inspect anterior/posterior thorax for symmetry and note any abnormalities	
Inspect spine	
Use stethoscope to auscultate over all lung fields (6 posterior, 2 anterior, and axilla regions)	
Palpate anterior/posterior chest for any tenderness or abnormalities	
Auscultate apex of heart.	
Assess heart rate and rhythm	
Inspect abdomen for symmetry and describe any abnormalities	
Auscultate and describe bowel sounds in all quadrants	
Palpate abdomen: note any tenderness, or abnormalities	
Assess patient appetite, diet, last bowel movement and any c/o (n/v/d/c)	
Inspect/assess genitourinary/bladder (frequency, urgency, pain, distention)	
Assess urine color, odor, continence	
Inspect peri area and describe	
Palpate femoral artery	
Assess muscle strength in lower extremities and ROM	
Assess popliteal, dorsalis pedis, posterior tibial pulses	
Identify presence of edema, location and degree	
Miscellaneous assessment data, tubes, drains, casts, splints, dressings, IV's, etc.	