General Physical Survey/Assessment

General Appearance:
Age: _____ Gender: _____ Race: ______________
Behavior: appropriate to situation _____ inappropriate to situation: _____
Speech: Primary language: ____________ Clarity: ________________________
Affect: ____________________________________________________________________

Vital Signs:
Temperature: _____ ( ) Oral ( ) Rectal ( ) Tympanic ( ) Axillary
Respirations: _____
Radial Pulse: _____
Blood Pressure: Right arm: _____/_____ Left arm: _____/_____

Vital Statistics:
Height: _________ Weight: __________

Orientation:
_____Person _____Place _____ Time

Integumentary:
Color: __________ Temperature: __________ Texture: __________
Moisture/Hydration: _______________________

Respiratory:
Respirations: Depth: __________ Rhythm: __________
Lung sounds: Clear:____________ Adventitious: __________
Oxygen saturation: ____% Oxygen Therapy: ______________

Cardiovascular:
Apical Pulse: _____ bpm Rhythm: regular _____ irregular: _____
Peripheral pulses: Radial pulses: Right: present _____ Not present _____
Left: present: _____ Not present _____

IV Therapy: Fluid/Additive/Rate ________________________________
IV Site: Location: __________________________
Site Characteristics: ________________________________________

Gastrointestinal:
Abdominal contour: __________________________________________
Bowel Sounds: Present: _____  Not Present: _____
Date of Last BM: __________
Characteristics of Stools: ______________________________________

Genitourinary:
Voiding Pattern: Frequency: _______  Amount: ____________________
Characteristics of Urine: _________________________________________
Presence of Urinary Drainage System: Yes: _____  No: _____
Other: (ex: presence of dressings/location, hot/cold therapy, feeding equipment, SCDs)
_______________________________________________________________
_______________________________________________________________

Environmental Safety:
Bed in low positions:  Yes: _____  No: ______  Why not? ______________
Call bell within reach? Yes: _____  No: ______  Why not? ______________
Adequate lighting?  Yes: _______ No: ________ Why not? ______________

Narrative Note:
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