#### DOCUMENTATION

The following is a sample narrative documentation from assessment of the head and neck of a healthy adult.

## Nurses Notes:

### Subjective Data:

Denies problems with the head and neck, reports no current headache, no lesions, and no changes in skin or hair. Recalls no problem with swollen glands or breathing. No personal or family history of headache, allergy, or thyroid disease. Takes 2 Tylenol for occasional headache, that is once a week during busy season at work (1 month) and "maybe one a month." Headache is associated with lack of sleep or stress and relieved with single dose (2 tableto) of Tylenol. Weight has been constant for several years.

#### Objective Data:

Skull round with symmetrical protuberances. Skull nontender to palpation. Hair even distribution, scalp free of lesions, clean. Eyebrows symmetrical, equal distances of brow to pupil and outer canthus to pinna. Nose is midline with equal nasolabial folds. Lips symmetrical. Facial movement and expression symmetrical. Traches mobile, midline with palpable C rings. TM, I movement smooth and symmetrical. Thyroid nonpalpable, rises with swallow. Lymph nodes of neck nonpalpable.

General Overview	Neck		
Skull: round symmetrical	Trachea: midline, mobile, C rings polpuble		
Protuberances: symmetrical	Thyroid nonpalpable, rises with swallow		
Hair: even allosothytion	Lymph Nodes		
Scalp: clean, no lesions	PALPABLE	NO	YES
Eyes	Presuricular:	_8	_
Brows: symmetrical	Postauricular:	_=	
Distance Brow to Pupil: Aqual	Occipital:	-	
Distance Outer Canthus to Pinna: equal	Retropharyngesit	100	
Youe	Submodillary:		
Position: midling	Submental:		
Deviation: none, etraint	Superficial cervical:	1.74	
Nasolabial Folds: caust	Deep cervical:		_
Houth	Supraclavicular:	-8-	

# **Sample Of Nursing Documentation**

**CL Gary** 

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