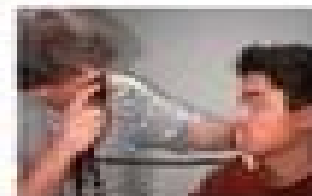


B. Extracocular Movement (EOM)

1. Stand or sit 3 to 6 feet in front of the patient.
2. Ask the patient to follow your finger with their eyes without moving their head.
3. Check gaze in the six cardinal directions using a cross or "H" pattern.
4. Check convergence by moving your finger toward the bridge of the patient's nose.
5. Pause during upward and lateral gaze to check for nystagmus (involuntary eye movement which differs in each eye).
6. Tests CN 3, 4, and 6.

C. Pupillary Reactions

1. **PERRLA** is a common abbreviation that stands for "Pupils Equal Round Reactive to Light and Accommodation." The use of this term is so routine that it is often used incorrectly. If you did not specifically check the accommodation reaction use the term **PERRL**.
2. Look for direct and consensual responses. In a normal response, the eye which the light is shined has pupillary constriction (direct reflex) AND the other pupil also constricts (indirect or consensual reflex). An abnormal response (no pupillary constriction) can help to localize the lesion, particularly when interpreted with the result of vision testing. While observing the pupillary light response one should also check that the pupils are the same size.
3. **Light**
 - a) Dim the room lights as necessary.
 - b) Ask the patient to look into the distance.
 - c) Shine a bright light obliquely into each pupil in turn.
 - d) Look for both the direct (same eye) and consensual (other eye) reactions.
 - e) Record pupil size in mm and any asymmetry or irregularity.
4. **Accommodation**
If the pupillary reactions to light are diminished or absent, check the reaction to accommodation (near reaction):
 - a) Hold your finger about 10cm from the patient's nose.
 - b) Ask them to alternate looking into the distance and at your finger.
 - c) Observe the pupillary response in each eye.



Ophthalmoscopic Exam

1. Darken the room as much as possible.
2. Adjust the ophthalmoscope so that the light is **no brighter than necessary**. Adjust the aperture to a plain white circle. Set the diopter dial to zero unless you have determined a better setting for your eyes.
3. Use your **left hand and left eye** to examine the patient's **left eye**. Use your **right hand and right eye** to examine the patient's **right eye**. Place your free hand on the patient's shoulder for better control.
4. Ask the patient to stare at a point on the wall or corner of the room.
5. Look through the ophthalmoscope and shine the light into the patient's eye from about two feet away. You should see the retina as a "red reflex." Follow the red color to move within a few inches of the patient's eye.
6. Adjust the diopter dial to bring the retina into focus. Find a blood vessel and follow it to the optic disk. Use this as a point of reference.
7. Inspect outward from the optic disk in at least four quadrants and note any abnormalities.
8. Move nasally from the disk to observe the macula.
9. Repeat for the other eye.
10. Normal color should be creamy yellow-orange to pink.



Nln Health Physical Assessment Study Guide

Thomas Griffiths



Nln Health Physical Assessment Study Guide:

Manual of Simulation in Healthcare Richard H. Riley, 2008 Medical simulation is a relatively new science that is achieving respectability among healthcare educators worldwide Simulation and skills centres have become established to integrate simulation into mainstream education in all medical nursing and paramedical fields Borrowing from the experience and methodologies of industries that are using simulation medical educators are grappling with the problem of rapidly acquiring the skills and techniques required to implement simulation programmes into established curricula This book assists both novice and experienced workers in the field to learn from established practitioners in medical simulation Simulation has been used to enhance the educational experience in a diverse range of fields therefore a wide variety of disciplines are represented The book begins with a section on the logistics of establishing a simulation and skills centre and the inherent problems with funding equipment staffing and course development and promotion Section two deals with simulators and related training devices that are required to equip a stand alone or institution based centre The features strengths and weaknesses of training devices are presented to help the reader find the appropriate simulator to fulfil their training requirements There is a guide to producing scenarios and medical props that can enhance the training experience The third section covers adult education and it reviews the steps required to develop courses that comply with best practice in medical education Teaching skills facilitating problem based learning groups and debriefing techniques are especially important to multidisciplinary skills centres that find themselves becoming a centre for medical education The manual concludes with guides for the major specialties that use simulation including military paediatrics CPR and medical response teams obstetrics and anesthesia *National Library of Medicine Audiovisuals Catalog* National Library of Medicine (U.S.), **Test Catalog Nursing Practice Assessment Series** ,1998 *Pathophysiology, Physical Assessment, and Pharmacology* Janie T. Best, Grace Buttriss, Annette Hines, 2021-11-04 Integrate the 3Ps for a real world holistic approach to nursing care This first of its kind text integrates the 3 Ps pathophysiology pharmacology and physical assessment into an integrative whole that reflects the real world of how students learn and nurses practice This groundbreaking approach promotes a deeper understanding of these three essential and often challenging content areas paralleling the importance of integration in the planning delivery and evaluation of nursing care Its lifespan approach features six major population based sections cover the key conditions and disorders that nurses are likely to encounter in practice reviewing the important pathophysiology pharmacology and physical exam and assessment information relative to each disorder Each section concludes with a case study that presents a new disorder relative to the population in that section reinforcing the authors application focused approach and developing must have critical thinking skills **Resources in Education** ,1981 **Peterson's Annual Guides to Graduate Study** ,1983 *Study Guide for Essentials for Nursing Practice - E-Book* Patricia A. Potter, Anne G. Perry, Patricia A. Stockert, Amy Hall, Patricia Castaldi, 2014-02-28 Master content from your textbook with this helpful study

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