

## Nursing Assessment

1. Part of Nursing Process
2. Nurses use physical assessment skills to:
  - a) Obtain baseline data and expand the data base from which subsequent phases of the nursing process can evolve
  - b) To identify and manage a variety of patient problems (actual and potential)
  - c) Evaluate the effectiveness of nursing care
  - d) Enhance the nurse-patient relationship
  - e) Make clinical judgments

## Gathering Data

Subjective data - Said by the client (S)

Objective data - Observed by the nurse (O)

Document: SOAP/IE/R

## Assessment Techniques:

The order of techniques is as follows (Inspect – Palpation – Percussion - Auscultation) except for the abdomen which is Inspect – Auscultation – Percuss – Palpate.

### **A. Inspection – critical observation "always first"**

1. Take time to "observe" with eyes, ears, nose (all senses)
2. Use good lighting
3. Look at color, shape, symmetry, position
4. Observe for odors from skin, breath, wound
5. Develop and use nursing instincts
6. Inspection is done alone and in combination with other assessment techniques

### **B. Palpation – light and deep touch**

1. Back of hand (dorsal aspect) to assess skin temperature
2. Fingers to assess texture, moisture, areas of tenderness
3. Assess size, shape, and consistency of lesions and organs
4. Deep = 5-8 cm (2-3") deep; Light = 1 cm deep

### **C. Percussion – sounds produced by striking body surface**

1. Produces different notes depending on underlying mass (dull, resonant, flat, tympanic)
2. Used to determine size and shape of underlying structures by establishing their borders and indicates if tissue is air-filled, fluid-filled, or solid
3. Action is performed in the wrist

### **D. Auscultation – listening to sounds produced by the body**

1. Direct auscultation – sounds are audible without stethoscope
2. Indirect auscultation – uses stethoscope
3. Know how to use stethoscope properly *[practice skill]*
4. Fine-tune your ears to pick up subtle changes *[practice skill]*
5. Describe sound characteristics (frequency, pitch intensity, duration, quality) *[practice skill]*
6. Flat diaphragm picks up high-pitched respiratory sounds best.
7. Bell picks up low pitched sounds such as heart murmurs.
8. Practice using BOTH diaphragms

# Sample Nursing Assessment Documentation

**Bernadette Hally**



## **Sample Nursing Assessment Documentation:**

The book delves into Sample Nursing Assessment Documentation. Sample Nursing Assessment Documentation is an essential topic that needs to be grasped by everyone, ranging from students and scholars to the general public. The book will furnish comprehensive and in-depth insights into Sample Nursing Assessment Documentation, encompassing both the fundamentals and more intricate discussions.

1. The book is structured into several chapters, namely:
    - Chapter 1: Introduction to Sample Nursing Assessment Documentation
    - Chapter 2: Essential Elements of Sample Nursing Assessment Documentation
    - Chapter 3: Sample Nursing Assessment Documentation in Everyday Life
    - Chapter 4: Sample Nursing Assessment Documentation in Specific Contexts
    - Chapter 5: Conclusion
  2. In chapter 1, the author will provide an overview of Sample Nursing Assessment Documentation. This chapter will explore what Sample Nursing Assessment Documentation is, why Sample Nursing Assessment Documentation is vital, and how to effectively learn about Sample Nursing Assessment Documentation.
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