INDIVIDUAL ASSESSMENT GUIDE
PHYSICAL EXAMINATION

I. General Survey

The survey or general inspection begins with those observations made of the client when he/she enters the room and continues throughout the interview. It is the overall impression of the client's general state of health and outstanding characteristics. The survey proceeds in a cephalocaudal direction and should include the following:

Apparent state of health signs of distress, skin color, body build and size, weight, posture, motor activity, gait, dress, grooming, personal hygiene, odors, facial expression, mood and relationship to persons and things around him, speech, state of awareness, and consciousness.

II. Vital Signs
- A. Body temperature
- B. Pulse
  1. Radial pulse rate-apical if indicated and record pulse deficit
  2. Always take apical pulse rates on children
- C. Respiration
  1. Rate
  2. Use of accessory muscles
- D. Blood pressure
  1. Note if client is sitting, standing or lying down
  2. Extremity used for measurement

III. Somatic Growth
- A. Height
- B. Weight
  1. Obstetrical clients: Weight pre-pregnant_____: last visit_____: Current_____; total weight gain this pregnant_____
- C. Head circumference if less than two (2) years of age
- D. Use physical growth charts when appropriate. Compare height and weight with norm.

IV. Integument
- A. Skin-color, temperature, texture, turgor, mobility and elasticity, moisture and lubrication, lesions, edema, bruises, striae, discoloration
- B. Hair-color, texture, amount, distribution, parasites
- C. Nails-color, texture, thickness, lesions
- D. Mucous membranes-color, texture, hydration, lesions

V. Head
- A. General size and shape of skull-note any deformities, lumps, tenderness; infants-fontanels
- B. Condition of scalp-scaliness, lumps, lesions
- C. Face-observe for symmetry, involuntary movements, edema, masses

VI. Eyes
   A. Visual acuity using appropriate vision chart.
      Pediatrics-Use flashlight and have child follow light.
   B. Eyebrows-quantity, distribution, scaliness
   C. Eyelids-edema, color, lesions, condition of eyelashes
   D. Conjunctiva of lower lid for color
   E. Sclera-color
   F. Pupils-size, shape, equality, reaction to light

VII. Ears
   A. Auricle-deformities, lumps, skin lesions
   B. External ear canal-ear pain, discharge, inflammations
   C. Auditory acuity screening using the audiometer
   D. Placement of ears- normally the ear joins the scalp on or above the extension of a line, drawn from the inner and outer canthus of the eye to the top of ear.
   E. Infant-Ring bell or shake rattle 12 inches from the ear; observe for increased sucking, blinking or startle.

VIII. Nose and Sinuses
   A. Nose-deformity, asymmetry, inflammation
   B. Nasal mucosa-color, swelling, exudate, bleeding

IX. Mouth and pharynx
   A. Lips-color, moisture, lumps, ulcers, cracking
   B. Buccal mucosa-color, pigmentation, ulcers, nodules
   C. Gums-inflammation, swelling, bleeding, retraction, discoloration, lesions
   D. Teeth-number, loose or carious teeth, abnormalities in position or shape of teeth, state of repair; permanent or deciduous
   E. Roof of mouth-color, lesions, continuity
   F. Tongue-dorsum or tongue-color and papillae, lesions. Inspect sides under surface of tongue together with floor of mouth for white or reddened areas, nodules, ulcerations

X. Neck
   A. Symmetry, masses, scares
   B. Inspect and palpate the trachea for deviation from the midline

XI. Thorax
   A. Inspect for deformities of thorax, retraction or bulging of interspaces on respiration
   B. Palpate the thorax for tenderness, masses

XII. Breast and Axilla
   A. Breast-size symmetry, contour, color, edema, dimpling, venous pattern mass
   B. Nipples-size, shape, inversion, rashes, ulceration, discharge, directions in which they point
   C. Axilla-rash, inflammation, unusual pigmentation

XIII. Heart and Peripheral Vasculature

A. Peripheral pulses-volume: weak, full, strong

1. Carotid:	right	left	
2. Brachial:	"	"	
3. Radial:	"	"	
4. Femoral:	"	"	Especially important in infants
5. Popliteal:	"	"	
6. Dorsalis pedis:	"	"	
7. Posterior tibial:	"	"	

B. Veins of lower extremities-distended, tortuous, non-distended

C. Calves-tenderness, inflammation, edema, Homan's sign

XIV. Abdomen

A. Abdomen-scars, striae, dilated veins, rashes, lesions, distention, contour, symmetry, masses, observable peristalsis, and pulsations (Scaphoid abdomen-newborn)

B. Umbilicus-contour, location, inflammation

C. Obstetrical data

D. Fetal heart tone and rare, location
Current fundal height
Does fundal height match gestational age? Yes No
If no, why not? Expected fundal height
Lie/presentation
Estimate abdominal muscle tone

XV. Genitalia

A. Male

1. Inspect skin, foreskin, glans and urethral meatus for ulcers, scars, urethral meatus, warts, etc.
2. Note if foreskin retracts; circumcised, uncircumcised
3. Note the location of the urethral meatus and any discharge
4. Inspect the scrotum for nodules, inflammation, or ulcers, infants: descended testicles

B. Female

1. Inspect the labia minora, clitoris, urethral orifice and vaginal opening for any inflammation, ulceration, discharge, swelling, nodules, warts, etc.
2. Obstetrical data obtained from chart-describe findings:
vagina, cervix, uterus, lesions-shape, color, number, distribution, location
discharge-odor, color (describe)

XVI. Rectal: anus-inspect the anal region for skin lesions, scars, inflammation, fissures, external hemorrhoids, tumors, patency

XVII. Musculosketal

A. Inspect for symmetrical body parts
B. Evaluate client's ability to carry out activities of daily living: (Infants and Children, hip dislocation-infants) walk, stand, sit, sit up, rise from a sitting position, lie down, climb, pinch, grasp, turn a page, lean over, comb hair, brush teeth, fed himself, bathe and dress himself, turn over in bed, bathe perineum.
C. Swelling of joints.
D. Obstetrical data from chart.

XVIII. Neurological Exam

A. Movement: weakness, paralysis, loss of coordination.
B. Sensation: increased or decreased cutaneous sensation to touch, heat, cold, pain
C. Speech: has verbal expression, aphasia, unusual speech patterns, i.e., lisping, stutters
D. Newborn reflexes: tonic neck, moro, grasp, rooting, sucking, vertical suspension
E. Positioning, placing response (dance reflex)

XIX. Mental Status

A. State of consciousness
    1. Alert and quick to respond to stimuli
    2. Drowsy and slow to respond to stimuli
    3. Semi-conscious and difficult to arouse
    4. Comatose and unable to arouse
B. Orientation to time, place and person; to situation and to self
C. Attention span
D. Memory-recent, remote
E. Follows simple directions
F. Anxiety-signs and symptoms