NR304 Head-to-Toe Final Documentation

Your Name: Samantha Maxey Gender: F

Client Initials: T.B. Date of Birth: 02/20/95 Allergies: None

Review of Systems	Assessment Findings
General Survey:	Alert & oriented x4. Appears stated age and gender, skin color appropriate to ethnicity, symmetrical facial features. No signs of distress.
	Body posture is upright and erect, with no obvious signs of deformities.
	Straight upright position. Arms move in opposition. Balance is even, no in need of any assistive devices.
	Well nourished. Weight is appropriate for height and stature. Facial expression is appropriate for the situation, mood is pleasant and cooperative.
Hair:	Healthy and evenly distributed. No lesions or hair loss noted. No infestations.
Head:	Head is normocephalic w/o deformities and midline. TMJ has full ROM, with no pain, crepitus, clicks or pops on palpation. Facial structures are symmetrical without any drooping. No masses or lesions present. No infestations.
Eyes:	Sclera white, conjunctiva is pink and moist. Pupils are round and equal in size; both are reactive to light and accommodate bilaterally. Comea intact. No discharge, redness or lesions.
Ears:	No piercings. No redness, discharge, or swelling. No signs of hearing loss.
Nose:	Septum is intact, no deformities, lesions, or inflammation. Both nares are patent bilaterally with no unusual drainage.
Mouth:	Lips are pink and moist. Tongue, gums, and mucus membranes are pink, moist, and intact. All teeth present w/o decay.
Throat:	Buccal pink and moist, w/o lesions. Uvula midline and pink, tonsils are not enlarged. Soft palate and uvula contract at the same time. No signs of redness or drainage present
Lymphatics:	Full ROM with cervical spine.

How To Document Nursing Assessment

JL Elias

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Nursing Documentation Made Incredibly Easy Kate Stout, 2018-06-05 Publisher's Note Products purchased from 3rd Party sellers are not guaranteed by the Publisher for quality authenticity or access to any online entitlements included with the product Feeling unsure about the ins and outs of charting Grasp the essential basics with the irreplaceable Nursing Documentation Made Incredibly Easy 5th Edition Packed with colorful images and clear as day guidance this friendly reference guides you through meeting documentation requirements working with electronic medical records systems complying with legal requirements following care planning guidelines and more Whether you are a nursing student or a new or experienced nurse this on the spot study and clinical guide is your ticket to ensuring your charting is timely accurate and watertight Let the experts walk you through up to date best practices for nursing documentation with NEW and updated fully illustrated content in quick read bulleted format NEW discussion of the necessary documentation process outside of charting informed consent advanced directives medication reconciliation Easy to retain guidance on using the electronic medical records electronic health records EMR EHR documentation systems and required charting and documentation practices Easy to read easy to remember content that provides helpful charting examples demonstrating what to document in different patient situations while addressing the different styles of charting Outlines the Do s and Don ts of charting a common sense approach that addresses a wide range of topics including Documentation and the nursing process assessment nursing diagnosis planning care outcomes implementation evaluation Documenting the patient's health history and physical examination The Joint Commission standards for assessment Patient rights and safety Care plan guidelines Enhancing documentation Avoiding legal problems Documenting procedures Documentation practices in a variety of settings acute care home healthcare and long term care Documenting special situations release of patient information after death nonreleasable information searching for contraband documenting inappropriate behavior Special features include Just the facts a quick summary of each chapter's content Advice from the experts seasoned input on vital charting skills such as interviewing the patient writing outcome standards creating top notch care plans Nurse Joy and Jake expert insights on the nursing process and problem solving That's a wrap a review of the topics covered in that chapter About the Clinical Editor Kate Stout RN MSN is a Post Anesthesia Care Staff Nurse at Dosher Memorial Hospital in Southport North Carolina **Nursing Documentation** Ellen Thomas Eggland, Denise Skelly Heinemann, 1994 Focuses on the communication skills that are the Documentation Skills for Quality Patient Care Fay Yocum, 1993 DOCUMENTATION SKILLS key to good documentation FOR QUALITY PATIENT CARE is written for students professional nurses who want to develop or strengthen existing documentation skills Documentation meets many needs requirements This book reviews those needs outlines the regulations that nurses must adhere to ICAHO ANA standards of nursing practice that relate to documentation are featured Nursing process writing NANDA nursing diagnoses are reviewed The book describes what needs to be documented as well as

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