

| <b>TASK: The SN correctly-</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|--|------------|-----------|------------|
|  |            |           |            |
| Reviewed the PMH & PSH prior to the Physical Exam  |            |           |            |
| Introduced self to patient, and safety checks  |            |           |            |
| Washed hands prior to interaction with the patient   |            |           |            |
| Identified the patient using the appropriate technique (2 Forms of ID)   |            |           |            |
| <b>REVIEW OF SYSTEMS</b>   |            |           |            |
| <b><i>Neurologic</i></b>   |            |           |            |
| Correctly assessed the Level of Consciousness, speech clear, able to follow commands.  |            |           |            |
| Assessed pupillary response, EOM, facial drooping, hearing loss, muscle strength, b/l hand grasp, tremors, gait if possible  |            |           |            |
| <b><i>Cardiovascular</i></b>   |            |           |            |
| Cardiac auscultation using correct landmarks/positioning   |            |           |            |
| Completed Apical pulse (1 Full minute), S1S2 heart sounds on all correct landmarks, any murmurs  |            |           |            |
| Palpated Peripheral Pulses (Brachial, Radial, Posterior Tibial, Dorsalis Pedis), grade it and compare bilaterally  |            |           |            |
| Auscultate Carotid Pulse, grade it, check for any bruits, check for any edema, capillary refill, any skin discoloration  |            |           |            |
| Assessed Blood Pressure. Pulse rate, rhythm, & Amplitude.  |            |           |            |
| <b><i>Respiratory</i></b>  |            |           |            |
| Auscultated all lobes of the lungs using the correct landmarks (Inc. Rt. Mid)  |            |           |            |
| Identified the type of breath sounds using the correct terminology   |            |           |            |
| Identified respiratory rate and rhythm, pulse ox and specify on room air or nasal cannula; any cyanosis, check for any productive cough, dyspnea on exertion, use of accessory muscles |            |           |            |
| <b><i>Abdomen</i></b>  |            |           |            |
| Inspected abdominal region for any bruise, scars, incision, peg tube, umbilicus midline and inverted, any abdominal distension; ask for any pain                                       |            |           |            |
| Auscultated 4 quadrants/9 regions of abdomen: active bowel sounds on all 4 quadrants in order  |            |           |            |
| Palpated using light palpation technique   |            |           |            |
| <b><i>GI</i></b>   |            |           |            |