ANGELO STATE UNIVERSITY
Department *of* Nursing

NUR 3304
HEALTH ASSESSMENT
Spring 2022

Archer College of Health and Human Services

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Office Hours: Tuesday and Thursday 1130-1330 and by appointment

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Office: Archer College of Health and Human Services 318U
Office Hours: Tuesday and Thursday 1130-1400 and by appointment

Course Information

Course Description

Students learn to (a) perform thorough and accurate interviews, take histories, and perform physical assessments of culturally diverse individuals with health problems, (b) identify and apply pathophysiologic principles across the lifespan, (c) relate findings to prevention and early detection of disease, and (d) document and communicate findings effectively and accurately.

Course Credits

Three Semester Hours (3-0-0)

Lecture course housed in Blackboard; utilizes the Sherpath fully integrated digital educational platform with adaptive algorithms, integrating lessons, adaptive quizzing, and simulation to produce a blended/flipped classroom.

Prerequisite and Co-requisite Courses

All prerequisites will be completed before application into the Nursing program. Prerequisite into this course is acceptance into the Angelo State University Nursing Program. No co-requisite.

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Prerequisite Skills

Accessing internet web sites, use of ASU Library resources, and proficiency with Microsoft Word and/or PowerPoint are an expectation of the Generic BSN program. Computer requirements are further delineated in the Department of Nursing Undergraduate Student Handbook. Tutorials for ASU Library and for Blackboard are available through RamPort. The ASU Nursing Program Undergraduate Student Handbook should be reviewed before taking this course.

BSN Program Outcomes

Upon completion of the program of study for the Generic BSN, the graduate will be prepared to:

1. Integrate nursing and related theories into the planning and/or delivery of safe nursing care.
2. Engage leadership concepts, skills and decision-making in the planning and/or implementation of patient safety and quality improvement initiatives.
3. Identify and appraise best research evidence to improve and promote quality patient outcomes.
4. Utilize technology to access information, evaluate patient data, and/or document care.
5. Participate in political/legislative processes to influence healthcare policy.
6. Engage in effective collaboration and communication within interdisciplinary teams.
7. Design and/or implement health promotion & disease prevention strategies for culturally competent care.
8. Demonstrate standards of professional, ethical, and legal conduct.
9. Practice and/or coordinate, at the level of the baccalaureate prepared nurse, to plan and/or implement patient centered

Student Learning Outcomes

Student Learning Outcome By completing all course requirements, students will be able to:	**Assignment(s) or activity(ies) validating outcome achievement:**	**Mapping to BSN Program Outcomes**	**Mapping to BSN Essentials**	**Mapping to QSEN**
1. Employ professional communication and interviewing strategies to obtain an accurate health history.	Health History Assignment Lecture, Sherpath lessons Weekly peer check-offs Adaptive Quizzing/Weekly quizzes Exams	1, 3, 4	VI, VII, IX	PCC TC EBP S I

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Student Learning Outcome By completing all course requirements, students will be able to:	**Assignment(s) or activity(ies) validating outcome achievement:**	**Mapping to BSN Program Outcomes**	**Mapping to BSN Essentials**	**Mapping to QSEN**
	Assessment Videos Class participation –discussion and activities, skills practice, in class assignments and case studies EHR assignments ATI Health Assessment Module			
2. Perform holistic psychosocial and physical assessments of individuals in a simulated setting using knowledge & skills from humanities, nursing, biological, & behavioral sciences	Lecture, Sherpath lessons Weekly Peer Check Offs Adaptive Quizzing/Weekly quizzes Exams Assessment Videos Class participation –discussion and activities, skills practice, in class assignments and case studies Skills practice Comprehensive Physical Assessment Sherpath Simulation ATI	4	IX	PCC TC EBP S I
3. Examine risk factors, preventive health practices, protective mechanisms, and traditional and complementary health practices that influence the health of individuals and their families across the lifespan.	Health History Assignment Lecture, Sherpath Lessons Weekly Check Offs Adaptive Quizzes/Weekly quizzes Exams Class participation- discussion and power points, skills practice, group activities, and case studies Skills Practice	1, 4	I, VII, IX	PCC TC EBP QI S I
4. Relate normal and abnormal assessment findings to underlying physiologic, pathophysiologic processes, medical diagnoses, and therapeutic interventions	Lecture, Sherpath Lessons Weekly Check Offs Adaptive Quizzes/Weekly quizzes Exams	3, 4	IX	PCC TC EBP QI S

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Student Learning Outcome By completing all course requirements, students will be able to:	**Assignment(s) or activity(ies) validating outcome achievement:**	**Mapping to BSN Program Outcomes**	**Mapping to BSN Essentials**	**Mapping to QSEN**
	Class participation- discussion and power points, skills practice, group activities, and case studies Skills Practice ATI			I
5. Examine risk reduction, and disease prevention for individuals based on standards of care, health promotion models, and behavioral and developmental theories.	Lecture, Sherpath Lessons Adaptive Quizzes/Weekly quizzes Exams Class participation- discussion and power points, skills practice, group activities, and case studies Skills Practice	1, 4	VI, VII, IX	PCC TC EBP QI S I

Course Delivery

This course is both face-to-face course and online delivery. Class meets on Tuesdays and Thursdays from 2:00 p.m. – 4:50 p.m. in the Archer College of Health and Human Services- HHS 106. This class has a blackboard component where course information is accessed at ASU's Blackboard Learning Management System.

Required Texts and Equipment

EHR Tutor Academic Electronic Health Records System

Jarvis, C. (2020). *Sherpath Plus 1 Color Print for Health Assessment*. (8th ed.). St Louis, Mo: Saunders

Jarvis, C. (2020). *Physical examination & health assessment* (8th ed.). St. Louis, Mo: Saunders

Jarvis, C. (2020). *Pocket companion physical examination & health assessment* (8th Ed.). St. Louis, Mo: Saunders

Cost saving bundles:
Includes Sherpath, Jarvis Ebook, Jarvis color print textbook and Jarvis Pocket Companion

Required Class Equipment: This equipment includes but is not limited to a solid black, blue or white cloth face mask/covering with only the ASU logo, N95 respirator mask, clear goggles with only black or blue trim or a face shield, stethoscope, penlight, watch (that measures seconds), trauma scissors/shears, syllabus, assessment checklist, course calendar, and selected textbooks. Smart watches including Apple watches will not be allowed during exam testing.

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Bring a laptop or Wi-Fi access device to class each week to access Sherpath course content on Evolve. Since laptops tablets, and/or iPad are not required of students in the nursing program, please notify instructor if assistance is needed for access to a device during class.

Technology Requirements

- Computer with MAC or Windows Operating System
- High Speed Internet Access
- Refer to Angelo State University's Distance Education website for further technology requirements: Angelo State University's Distance Education Website

Refer to Angelo State University's Distance Education website for further technology requirements: Angelo State University's Distance Education Website

Topic Outline

See the course calendar in Blackboard and Evolve for specific module dates, objectives, lessons, activities, and assignments.

Module 1: Interviewing and Cultural Considerations
Module 2: Patient History Taking
Module 3: Lymphatic System
Module 4: Examination Techniques and Equipment
Module 5: Vital Signs and Pain
Module 6: Growth and Development
Module 7: Nutrition
Module 8: Mental Status
Module 9: Skin, Hair and Nails
Module 10: Head and Neck; Eyes, Ears, Nose, and Throat (EENT)
Module 11: Chest and Lungs
Module 12: Heart
Module 13: Peripheral Vascular
Module 14: Abdomen
Module 15: Musculoskeletal System
Module 16: Neurological System
Module 17: Head to Toe Examination
Module 18: Breasts and Axillae
Module 19: Female Genitalia
Module 20: Male Genitalia and Prostate; Rectum

Communication

Faculty will respond to email and/or telephone messages within 24 hours during working hours Monday through Friday. Weekend messages may not be returned until Monday.

Written communication via email: All private communication will be done exclusively through your ASU email address. Check frequently for announcements and policy changes. In your emails to faculty, include the course name and section number in your subject line.

Virtual communication: Office hours and/or advising may be done with the assistance of the telephone, Collaborate, Skype, etc.

Use Good "Netiquette":

- Check the discussion frequently and respond appropriately and on subject.
- Focus on one subject per message and use pertinent subject titles.
- Capitalize words only to highlight a point or for titles. Otherwise, capitalizing is generally viewed as SHOUTING!
- Be professional and careful with your online interaction. Proper address for faculty is by formal title such as Dr. or Ms./Mr. Jones unless invited by faculty to use a less formal approach.
- Cite all quotes, references, and sources.
- When posting a long message, it is generally considered courteous to warn readers at the beginning of the message that it is a lengthy post.
- It is extremely rude to forward someone else's messages without their permission.
- It is fine to use humor, but use it carefully. The absence of face-to-face cues can cause humor to be misinterpreted as criticism or flaming (angry, antagonistic criticism). Feel free to use emoticons such as J or :) to let others know you are being humorous.

(The "netiquette" guidelines were adapted from Arlene H. Rinald's article, The Net User Guidelines and Netiquette, Florida Atlantic University, 1994, available from Netcom.)

Grading

Evaluation and Grades

Course grades will be determined as indicated in the table below.

Assessment	Percent/Points of Total Grade
Exams	35%
Weekly Quizzes	15%
Weekly Course Participation	5%
Health History Assignment	15%
Comprehensive Physical Assessment	30%
Total	100%

Grading System

Course grades will be dependent upon completing course requirements and meeting the student learning outcomes.

The following grading scale is in use for this course:

A = 90.00-100 points
B = 80.00-89.99 points
C = 70.00-79.99 points
D = 60.00-69.99 points
F = 0-59.99 points (Grades are not rounded up)

Teaching Strategies and Methods

- Class Lecture and Discussion
- Simulation and Demonstration
- Videos
- Assigned Readings/Lessons
- Weekly assigned quizzes
- Adaptive quizzing
- Exams
- Weekly Peer Check-offs
- Handouts and Presentations
- Pair & Group Activities
- Class Activities and Interactions
- Internet Resources
- Case Studies
- ATI Tutorial

Students are expected to be "active learners." It is a basic assumption of the instructor that students will be involved (**beyond the materials and lectures presented in the course**) discovering, processing, and applying the course information using peer-review journal articles, researching additional information and examples on the Internet, and discussing course material and clinical experiences with their peers.

Assignment and Activity Descriptions

***Please note: Rubrics for all assignments and activities are located at the end of this syllabus.**

Exams

4 exams over the course of the semester will evaluate student's knowledge, comprehension, application, and analysis of course content and objectives. 50 questions will be given over 75 minutes each test.

The exams will be pencil and paper and scored using a scantron form. Scantron forms will be provided. Students must bring a pencil to each exam. All exams will be given in a proctored environment. The first 3 exams are scheduled during lecture days and will be given at the beginning of class. Lecture and routine class activities will immediately follow. The 4th exam will be scheduled during the designated date and time for the final exam. Failure to complete any exam will result in a zero on the exam. Failure to complete the 4th and final exam will result in course failure. Please see the course calendar for the specific assigned test days.

Exam reviews will be provided for exams. Exam reviews will be held within one week after the respective exam has been completed by all students. The time, duration, place, and day of each review will be determined by the course instructor. During exam reviews, all students must leave all personal belongings at the door. Students will be required to sign-in at the door of the exam review. The student will be allowed to review every question, option,and correct answer on the respective exam. Exam reviews are meant to provide students the opportunityto reviewexam content only and are not to offer time to debate correct answers. There will be faculty present toanswer questions during the exam review. Once a student has completed an exam review, no request to review that sameexam will be granted for the course of the semester.

Adaptive Quizzing

Elsevier Adaptive Quizzing (EAQ) is a mobile, optimized formative assessment tool within Sherpath that provides personalized questions to help students succeed in the course and study more effectively for high- stakes exams. Students will be assigned an EAQ during the week prior to class day. Credit for completion of the adaptive quizzing assignments for the week will be incorporated as a portion of the participation grade. Failure to complete the adaptive quizzing assignment by 1200 on the assigned date will result in a 50 point deduction from the participation grade.

Quizzes

Non-adaptive quizzes will be given on Tuesdays and Thursdays to evaluate the students' knowledge of assigned lectures, reading, and lessons. Quizzes will consist of 10-20 questions from the corresponding Sherpath lessons and reading.

Course Participation

Course participation consists of student's active participation in this course. Students will be assigned a grade for course participation per the Course Participation Rubric. Course participation consists of discussion, class activities, presentations, and/or demonstrations in class along with completing weekly assignments, documentation, and active skills practice.

Sherpath Weekly Lessons

Lessons deliver course content as engaging, didactic experience with multimedia, confidence indicators, adaptive remediation, mini assessments, and a summary assessment to gauge understanding of the material.

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ATI

The ATI Physical Assessment Adult Tutorial Module provides the student comprehensive information about physical assessment for the adult patient. This tutorial and corresponding pre and post-tests are to be completed according to the course calendar. The Post-test grade logged in ATI will count as that week's quiz grade. Students are encouraged to utilize the ATI Health Assessment Videos in the module throughout the semester.

Health History Assignment

Students will demonstrate knowledge of interviewing skills, the components of a health history, recording the history data, and assigning three nursing diagnoses. A complete health history will be completed and submitted mid-semester according to the attached grading rubric and course schedule. Students will submit a detailed subjective health history on a volunteering adult over age 50 on the provided form.

Students are not to provide any identifying data on the patient – only the demographics requested in the grading rubric. The health history assignment is totally SUBJECTIVE - interviewing and questioning the patient. Students are encouraged to practice the physical assessment but will not be required to document or submit. Use Chapter 4 of the course text "The Complete Health History" as a guide to complete the assignment along with the subjective interview portion of each chapter as needed to elaborate on noted problems.

Comprehensive Physical Assessment

Students will demonstrate skills of inspection, percussion, palpation, and auscultation; demonstrate correct use of instruments; use appropriate medical terminology; choreograph the complete examination in a systematic manner; describe the findings of the examination; demonstrate appropriate infection control and safety measures, and demonstrate proper documentation of the normal physical exam. At the end of the semester, students will conduct the complete physical assessment for faculty review during a timed 30 minute period on a fellow classmate volunteer according to the Physical Assessment Grading Rubric.

The grading rubric may be used as a reference during the assessment; although, points will be deducted for reference to the rubric. Students are responsible for self- study and seeking additional guidance or assistance as needed in preparing for the comprehensive physical exam. Chapter course videos, ATI Health Assessment Videos, and Clinical Skills Health Assessment videos are available for review/practice and the Jarvis Head to Toe Examination of the Adult Guide are suggested resources for practice along with course textbook. It is highly suggested students utilize Nursing Lab facilities for practice and self-study throughout the semester. A minimum grade of 70 on this assignment is required to pass the course. Failure to complete during the 30 minute time allotted will result in loss of points for the remaining time with a maximum time limit of 35 minutes.

Assignment Submission

In this course, the Health History Assignment is to be submitted through the assignments link in the Blackboard course site for grading. All other class assignments are to be submitted in class or are housed and automatically recorded in Sherpath when completed (lessons, adaptive quizzing). Issues with technology use arise from time to time. If a technology issue does occur regarding an assignment submission, email course instructor with attached copy of submission to verify timely assignment completion. Once the problem is resolved, submit assignment through the appropriate link. This process will document the problem and establish a timeline. Keep a backup of all work.

All assignments MUST be submitted through the Assignments link in the Blackboard site. This is for grading, documenting, and archiving purposes. Issues with technology use arise from time to time. If a technology issue does occur regarding an assignment submission, email your instructor and attach a copy of what you are trying to submit. Please contact the IT Service Center at (325) 942-2911 or go to your Technology Support tab to report the issue. This lets your faculty know you completed the assignment on time and are just having problems with the online submission feature in Blackboard. Once the problem is resolved, submit your assignment through the appropriate link. This process will document the problem and establish a timeline. Be sure to keep a backup of all work.

Late Work or Missed Assignments Policy

Due dates and times for assignments are posted. Failure to submit an assignment by the deadline will result in a fifteen point deduction per day past the posted deadline. If revisions to the late assignment are deemed necessary, a new submission deadline will be assigned and an automatic 15 point deduction will be taken (i.e. all revised assignments will start at an 85% as the maximum grade). Failure to submit the revised assignment by the deadline will result in a zero. Further revisions are at the discretion of the instructor. If a situation arises, such as a mandatory university sponsored event, that mandates a student to miss class, students should contact course faculty for arrangements.

General Policies Related to This Course

All students are required to follow the policies and procedures presented in these documents:

- Angelo State University Student Handbook[i]
- Angelo State University Catalog[ii]
- Undergraduate Nursing Student Handbook[iii]

Important University Dates

January	18th	First Day of Class
January	26th	Withdrawal Period begins
February	24th	Last day to drop or withdraw from the 1st 8 Week Session
March	7-11th	1st 8 Week Session Final Exams
March	11th	Last Day of Class

Student Responsibility and Attendance

Class attendance /participation are required for successful and satisfactory completion of all course objectives. Failure to attend will result in a class participation grade of zero for the missed day and a zero on any other quizzes

or exams missed. If a situation arises that prevents a student from attending, he or she should notify the course instructor at the earliest time possible.

According to the undergraduate handbook, a week's worth of cumulative absences in any one course will result in faculty evaluation of the student's ability to meet course objectives and may result in failure of the course. Three tardies (over 5 minutes late for lecture, campus laboratory, or clinical) will equal 1 hour of absence. Failure to meet these requirements hinders the student's ability to complete the course. Attendance will be recorded each class day.

Student Absence for Observance of Religious Holy Days

A student who intends to observe a religious holy day should make that intention known in writing to the instructor prior to the absence. See ASU Operating Policy 10.19 Student Absence for Observance of Religious Holy Day[iv] for more information.

Academic Integrity

Students are expected to maintain complete honesty and integrity in all work. Any student found guilty of any form of dishonesty in academic work is subject of disciplinary action and possible expulsion from ASU.

The College of Health and Human Services adheres to the university's Statement of Academic Integrity.[v]

Plagiarism

Plagiarism is a serious topic covered in ASU's Academic Integrity policy[vi] in the Student Handbook. Plagiarism is the action or practice of taking someone else's work, idea, etc., and passing it off as one's own. Plagiarism is literary theft.

In your discussions and/or your papers, it is unacceptable to copy word-for-word without quotation marks and the source of the quotation. It is expected that you will summarize or paraphrase ideas giving appropriate credit to the source both in the body of your paper and the reference list.

Papers are subject to be evaluated for originality. Resources to help you understand this policy better are available at the ASU Writing Center.

Accommodations for Students with Disabilities

ASU is committed to the principle that no qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the university, or be subjected to discrimination by the university, as provided by the Americans with Disabilities Act of 1990 (ADA), the Americans with Disabilities Act Amendments of 2008 (ADAAA) and subsequent legislation.

Student Disability Services is located in the Office of Student Affairs, and is the designated campus department charged with the responsibility of reviewing and authorizing requests for reasonable accommodations based on

a disability. It is the student's responsibility to initiate such a request by contacting an employee of the Office of Student Affairs, in the Houston Harte University Center, Room 112, or contacting the department via email at ADA@angelo.edu. For more information about the application process and requirements, visit the Student Disability Services website.[vii] The employee charged with the responsibility of reviewing and authorizing accommodation requests is:

Dallas Swafford
Director of Student Disability Services
Office of Student Affairs
325-942-2047
dallas.swafford@angelo.edu
Houston Harte University Center, Room 112

Incomplete Grade Policy

It is policy that incomplete grades be reserved for student illness or personal misfortune. Please contact faculty if you have serious illness or a personal misfortune that would keep you from completing course work. Documentation may be required. See ASU Operating Policy 10.11 Grading Procedures[viii] for more information.

Copyright Policy

Students officially enrolled in this course should make only one printed copy of the given articles and/or chapters. You are expressly prohibited from distributing or reproducing any portion of course readings in printed or electronic form without written permission from the copyright holders or publishers.

Syllabus Changes

The faculty member reserves the option to make changes as necessary to this syllabus and the course content. If changes become necessary during this course, the faculty will notify students of such changes by email, course announcements and/or via a discussion board announcement. It is the student's responsibility to look for such communications about the course on a daily basis.

Nursing Web links

- Board of Nursing for the State of Texas[ix]
- BSN Student Resources[x]

Title IX at Angelo State University

Angelo State University is committed to providing and strengthening an educational, working, and living environment where students, faculty, staff, and visitors are free from sex discrimination of any kind. In accordance with Title VII, Title IX, the Violence Against Women Act (VAWA), the Campus Sexual Violence Elimination Act (SaVE), and other federal and state laws, the University prohibits discrimination based on sex, which includes pregnancy, and other types of Sexual Misconduct. Sexual Misconduct is a broad term encompassing all forms of gender-based harassment or discrimination and unwelcome behavior of a sexual nature. The term includes sexual

harassment, nonconsensual sexual contact, nonconsensual sexual intercourse, sexual assault, sexual exploitation, stalking, public indecency, interpersonal violence (domestic violence or dating violence), sexual violence, and any other misconduct based on sex.

You are encouraged to report any incidents involving sexual misconduct to the Office of Title IX Compliance and the Director of Title IX Compliance/Title IX Coordinator, Michelle Boone, J.D. You may submit reports in the following manner:

Online: www.angelo.edu/incident-form
Face to face: Mayer Administration Building, Room 210
Phone: 325-942-2022
Email:michelle.boone@angelo.edu

Note, as a faculty member at Angelo State, I am a mandatory reporter and must report incidents involving sexual misconduct to the Title IX Coordinator. Should you wish to speak to someone in confidence about an issue, you may contact the University Counseling Center (325-942-2371), the 24-Hour Crisis Helpline (325-486-6345), or the University Health Clinic (325-942-2171).

For more information about resources related to sexual misconduct, Title IX, or Angelo State's policy please visit: www.angelo.edu/title-ix.

Student Evaluation of Faculty and Course

Students in all programs are given the opportunity to evaluate their courses and the faculty who teach them. Evaluations are most helpful when they are honest, fair, constructive, and pertinent to the class, clinical experience, or course. Faculty value student evaluations, and use student suggestions in making modifications in courses, labs and clinical experiences.
Angelo State University uses the IDEA (Individual Development and Educational Assessment) system administered through Kansas State University for all course evaluations. The Office of Institutional Research and Assessment administers IDEA for the entire university, online and has established a policy whereby students can complete course evaluations free from coercion.

1. Gaining a basic understanding of the subject (e.g., factual knowledge, methods, principles, generalizations, theories)
2. Developing knowledge and understanding of diverse perspectives, global awareness, or other cultures
3. Learning to apply course material (to improve thinking, problem solving, and decisions)
4. Developing specific skills, competencies, and points of view needed by professionals in the field most closely related to this course
5. Acquiring skills in working with others as a member of a team

6. Developing creative capacities (inventing, designing, writing, performing in art, music, drama, etc.)
7. Gaining a broader understanding and appreciation of intellectual/cultural activity (music, science, literature, etc.)
8. Developing skill in expressing oneself orally or in writing
9. Learning how to find, evaluate, and use resources to explore a topic in depth
10. Developing ethical reasoning and/or ethical decision making
11. Learning to analyze and critically evaluate ideas, arguments, and points of view
12. Learning to apply knowledge and skills to benefit others or serve the public good
13. Learning appropriate methods for collecting, analyzing, and interpreting numerical information

Grading Rubrics

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Weekly Course Participation Grading Rubric

Student Name_____Date_____Week#_____

Assessment Category	Points Earned Comments	Points Possible
I. Discussion/Activities/Presentations/Demonstrations Actively participates in discussion, activities, demonstrations, presentations; asks questions, offers ideas to the group, is attentive, radiates positiveenergy. Does not actively participate in discussion, activities, demonstrations, and presentations; does not ask questions, and/or offer ideas to the group;inattentive; disruptive; radiates negative energy		**1** **0**
II. Assignments/Documentation/Skills Actively participates in and completes weekly assignments/documentation (including electronic documentation, simulation, lessons, adaptive quizzing, peer check-offs), and skills practice; stays engaged, works cohesively with others, and radiates positive energy Does not actively participate in and complete weekly assignments/documentation (including electronic documentation, simulation, lessons, adaptive quizzing, peer check-offs), and skills practice; does not stay engaged, and/or work cohesively with others; disruptive; radiates negative energy		**1** **0**
TOTAL POINTS EARNED/POINTSPOSSIBLE		**__/ 2**
FINAL GRADE		**_____%**

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Health History Assignment Grading Rubric

Student Name_____Date_____

Assessment Category		Points Earned	Points Possible
I.	Biographic Data - (**ONLY** Age, Gender, Marital Status, Occupation, Race/Ethnic Origin) Automatic 10 point deduction for including patient identifiers.		**13**
II.	Source and Reliability		**2**
III.	Reason for Seeking Care		**1**
IV.	Present Health or History of Present Illness– (Healthy or use PQRSTU or OLDCARTS for complaint)		**8**
V.	Past Health (Medications – listmedication, strength, dose form, route, time, reason, date/time last taken)		**30**
VI.	Family History (18)/Genogram (5)		**23**
VII.	Review of Systems – address ALL direct questions and record presence or absence of (**denies**) all symptoms listed. Must elaborate PQRSTU or OLDCARTS on positive findings		**37**
VIII.	Functional Assessment		**70**
IX.	Nursing Diagnoses - 3 - include related to, as evidenced by for each diagnosis		**9**
TOTAL POINTS EARNED/TOTAL POINTS POSSIBLE			**193**
FINAL GRADE			**_____%**

Note: Points will be deducted for blanks and unaddressed questions.

Reference

Jarvis, C. (2020). Physical examination & health assessment (8th Ed.)
St. Louis, Mo: Saunders

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Comprehensive Physical Assessment Grading Rubric

INTRODUCTION			
Introduce self	2	1	0
Explain procedure	2	1	0
WHIPPS-wash hands, identify patient x 2 (ask pt to state name, DOB, match armband to chart) provide privacy and safety	2	1	0
GENERAL SURVEY			
Appears stated age	2	1	0
Orientation: oriented x 4 to person, place, time, situation	2	1	0
Memory: short (current president, last meal) and long term (past president, or state where born)	2	1	0
Skin color: appropriate for race/ethnicity, warm, dry	2	1	0
Nutritional status: wt appears normal for ht/body build (no obesity, cachexia)	2	1	0
Posture and position: relaxed, erect, resting on bed/chair	2	1	0
Obvious physical deformity: no obvious deformities	2	1	0
Mobility/Activity: gait smooth balanced, no assistive devices, no involuntary movements; no limits to activity, no assistance needed	2	1	0
Facial expression: appropriate to behavior	2	1	0
Mood & affect: appropriate for situation	2	1	0
Speech: clear and appropriate for native language	2	1	0
Hearing: hears spoken word	2	1	0
Personal hygiene: clean, groomed appropriately for situation	2	1	0
Level of consciousness: GCS score 15 (eyes open spontaneously, motor response intact (patient can reach for and take a sip of water) verbal response intact	2	1	0
MEASUREMENT and VITAL SIGNS			
Height, Weight, BMI – normal for gender	2	1	0
I & 0 (I - fluid intake, IV; O- urine, vomitus, drains, tubes) equal/appropriate for patient's condition; meal intake-%; last BM – COCA, normal for patient	2	1	0
Vital signs – within normal limits for the patient (temperature, pulse, respirations, BP, oxygen saturation)	2	1	0
Pain: assess 0-10 pain scale	2	1	0
SKIN – state all to be assessed with each body system			
Inspect and palpate skin: color normal for race with no color changes noted, warm and dry, normal nevi/birthmarks (ABCDE), skin integrity intact (no edema, bruising, lesions, skin breakdown) non-tender	2	1	0
Teach SSE (instruct patient to perform monthly)	2	1	0
HEAD AND FACE			
Inspect and palpate skull: normocephalic, symmetric –no lesions, lumps, scaling, parasites, or tenderness	2	1	0
Inspect hair: clean, normal texture and color, no flakes, parasites	2	1	0
Inspect face: symmetric, no involuntary movements	2	1	0
Palpate temporal arteries: no tenderness, abnormal pulsation	2	1	0
Palpate and frontal and maxillary sinus: no tenderness	2	1	0
Palpate TMJ: non-tender, ROM full with no pain or crepitation	2	1	0
Palpate lymph nodes: Preauricular, Postauricular, Occipital, Tonsillar, Submandibular, Submental Anterior Cervical, Posterior Cervical, Supraclavicular, Infraclavicular – no lymphadenopathy or tenderness	2	1	0

EARS			
Inspect size and shape: symmetrical bilaterally no swelling or thickening, no skin breakdown if on 02; canals clear	2	1	0
Palpate pinnae and tragus - no masses and tenderness	2	1	0
Otoscopic exam: external canal clear, TM pearly gray, flat, intact, landmarks intact, cone of light toward nasal side (pinna up, back, insert 1cm)	2	1	0
EYES			
Inspect and palpate skin and external structures: symmetrical, no ptosis, lid lag, discharge or crusting	2	1	0
Inspects internal eye: conjunctiva clear, sclera white, no lesions or redness; PERRLA 3-5mm, dilate with far vision, constrict with near vision; corneal light reflex symmetric	2	1	0
Inspect with ophthalmoscope –red reflex present (examiners R eye to patient R eye, L eye to L eye)	2	1	0
NOSE			
Inspect and palpate nose: symmetric, no deformities or tenderness to palpation. Nares patent. Mucosa pink and moist with no lesions; no septal deviation or perforation	2	1	0
MOUTH & THROAT			
Inspect lips, oral cavity: lips pink and soft, tongue, mucosa and gingivae, posterior pharynx pink and moist with no lesions, exudate, or bleeding; tonsils grade 2; teeth in good repair	2	1	0
NECK			
Inspect: head position straight midline erect, symmetrical, trachea midline; No JVD	2	1	0
Palpate carotid artery pulsation one side at a time: 2+, equal	2	1	0
Auscultate carotid arteries: no bruits (hold breath on exhalation) then auscultate bronchial breath sounds over sternal notch/trachea – high pitch sounds	2	1	0
Test ROM – full, no pain or crepitus (flexion, extension, hyperextension, lateral flexion, rotation)	2	1	0
Inspect and palpate thyroid gland: no thyromegaly, nodules, tenderness (from behind while patient swallows)	2	1	0
POSTERIOR CHEST/BACK			
Inspect: no bony deformity; AP<transverse diameter; respirations even and non-labored; no skin breakdown	2	1	0
Palpate: no chest wall or spinous process tenderness; no CVA tenderness (12th rib); symmetrical	2	1	0
Percuss intercostal spaces: resonance (side to side)	2	1	0
State the normal breath sounds and note where they should be heard: Bronchovesicular sounds (moderate pitch) between scapula nearest spine; Vesicular sounds (low pitch) in peripheral lung fields	2	1	0
Auscultate lung fields from C7 to T10 supra, infra, and subscapularly side to side and then laterally from axilla to 8th rib – note sounds as clear bilaterally with full movement of air in all lobes and no adventitious sounds	2	1	0
ANTERIOR CHEST			

Inspect: no bony deformity; respirations regular, even and non-labored no cough, no sputum	2	1	0
Palpate chest wall: no tenderness, lumps, masses, symmetrical chest expansion	2	1	0
Assess turgor under clavicle: elastic or returns promptly	2	1	0
Percuss intercostal spaces: resonance (side to side)	2	1	0
State the normal breath sounds and note where they should be heard: Bronchovesicular sounds (moderate pitch) sternal borders Vesicular sounds (low pitch) over most of anterior lung fields Auscultate lung fields from supraclavicular areas to 6th ribs MCL bilaterally side to side – note sounds as clear bilaterally with full movement of air in all lobes, no adventitious sounds (crackles, wheezes or rhonchi)	2 2	1 1	0 0
BREASTS			
Inspect: breast tissue (patient sitting): symmetrical, no redness, edema, dimpling, focal vascular pattern; symmetrical movement	2	1	0
Inspect nipples: symmetrical, protruding; no scaling, crusting, fissures, ulcerations.	2	1	0
Palpate (while patient supine -include tail of spence); firm and uniform, no masses, tenderness; no discharge or bleeding from nipples (while patient supine).	2	1	0
Palpate axillary lymph nodes: no lymphadenopathy	2	1	0
Teach SBE (instruct patient to perform monthly)	2	1	0
HEART			
Inspect precordium: no heaves or lifts; note apical impulse (4^{th} -5^{th} intercostal	2	1	0
Palpate precordium for apical impulse: present, short, gentle tap - no thrills noted (4^{th}-5^{th} MCL (1cmx2cm)	2	1	0
Auscultate: normal S1, S2; repeat with bell for murmurs (Z pattern) Aortic -2nd ICS, right sternal border Pulmonic - 2nd ICS, left sternal border Erbs Point -3rd ICS, left sternal border Tricuspid - 4th ICS, left sternal border Mitral- 5th ICS, left midclavicular line (apex)	 2 2 2 2 2	 1 1 1 1 1	 0 0 0 0 0
Auscultate apical pulse: RRR (full minute)	2	1	0
ABDOMEN			
Inspect: flat, symmetric, smooth with no abnormal pulsations, bulging, scars	2	1	0
Auscultate vascular sounds: no bruits (aorta, renal arteries, iliac arteries, femoral arteries with bell)	2	1	0
Auscultate bowel sounds: normoactive high pitch (begin in RLQ)	2	1	0
Percuss in all 4 quadrants: tympany over stomach, lower quadrants; dullness over enlarged liver, spleen, bladder	2	1	0
Palpate light (1cm) and deep (5-8cm): soft, no guarding, rigidity, rebound tenderness, organomegaly, masses	2	1	0
Palpate for liver and spleen: non-palpable (right costal margin) and spleen (left costal margin) non-palpable	2	1	0
GENITOURINARY (gloves)			

Inspect penis, scrotum (male) external genitalia vestibule (female) - normal color, no skin breakdown, lesions, abnormal bleeding or discharge; palpate male testis - oval, rubbery, smooth, freely moveable, no nodules; spermatic cord smooth, non-tender; sacrum/coccyx - no skin breakdown; rectum intact	2	1	0
Palpate femoral/inguinal area: no hernias; no lymphadenopathy or tenderness; femoral pulses: 2+	2	1	0
Teach STE: instruct male patient to perform monthly in shower	2	1	0
MUSCULOSKELETAL/VASCULAR/LYMPHATICS			
Upper Extremities: assess bilaterally and symmetrically			
Inspect and palpates: symmetrical, no swelling, atrophy, temperature or color change or tenderness	2	1	0
Assess radial and brachial pulses: 2+	2	1	0
Inspect nails: smooth and reg, pink firm beds160, uniform thickness, no discolorations	2	1	0
Palpate capillary refill: 1-2 seconds	2	1	0
Assess ROM fingers**:** full, no pain or crepitus (flexion, extension, hyperextension, abduction, adduction, thumb opposition)	2	1	0
Assess hand grips – 5/5 strength	2	1	0
Assess ROM wrists: full, no pain, crepitus (flexion, extension, hyperextension, ulnar deviation, radial deviation, rotation)	2	1	0
Assess ROM elbow: full, no pain, crepitus (flexion, extension, hyperextension)	2	1	0
Assess strength of biceps, triceps: 5/5 strength (flex/extend elbow against resistance)	2	1	0
Assess ROM shoulder: full, no pain or crepitus (flexion, extension, hyperextension, internal rotation, external rotation, abduction, adduction, circumduction)	2	1	0
Assess strength of shoulder girdle: 5/5 strength bilaterally (abduct/adduct straight arm against resistance)	2	1	0
Lower Extremities: assess bilaterally and symmetrically			
Inspect and palpate: symmetrical in size, no edema, atrophy, temperature or color change or tenderness, no varicosities, no soft heels	2	1	0
Assess popliteal, dorsalis pedis and posterior tibial pulses: 2+	2	1	0
Inspect nails: pink beds, no thickening, discolorations	2	1	0
Assess capillary refill in toes: 1-2 sec	2	1	0
Assess ROM toes: full, no pain or crepitus (flexion, extension, hyperextension, abduction, adduction)	2	1	0
Assess ROM ankles: full, no pain or crepitus (dorsiflexion, plantar flexion, inversion, eversion, rotation)	2	1	0
Assess strength at ankle joint: 5/5 strength (dorsiflexion/plantar flex against resistance)	2	1	0
Assess ROM knees: full, no pain or crepitus (flexion, extension, hyperextension)	2	1	0

Assess strength at knee joint : 5/5 strength (flex/extend against resistance_	2	1	0
Assess ROM hip: full, no pain or crepitus (flexion, extension, hyperextension, circumduction, abduction, adduction, internal rotation, external rotation)	2	1	0
Assess strength at hip joint: 5/5 strength **(**abduct/adduct against resistance, straight leg raises)	2	1	0
SPINE			
Inspect and palpate: spinous processes, shoulders, scapulae, iliac crests, and gluteal folds symmetrical; no tenderness or deformity, no kyphosis, scoliosis, or lordosis	2	1	0
Assess ROM of the spine: full, no pain or crepitus (flexion toe touch, extension, hyperextension, lateral flexion, and rotation)	2	1	0
NEUROLOGICAL GCS, pupils, strength, facial symmetry, communication previously assessed)			
CRANIAL NERVES			
CN 1 Olfactory (S) Smell - intact	2	1	0
CN 2 Optic: Visual acuity 20/20 bilaterally by Snellen chart (just state this), near vision intact (have patient read something near), visual fields full (perform confrontation test)	2	1	0
CN 3 Oculomotor CN 4 Trochlear CN 6 Abducens: EOM (perform 6 cardinal fields of gaze) intact	2	1	0
CN 5 Trigeminal: muscles of mastication intact (palpate over the temporal and masseter muscle as patient clenches teeth, try to open jaw; sensation of face intact (sharp, dull forehead, cheek chin)	2	1	0
CN 7 Facial: symmetrical facial muscle movement intact (smile, frown, close eyes tightly lift eyebrows, show teeth, puff cheeks; labial speech intact (states BMW); taste intact (tastes sweet, salty, sour, bitter); saliva and tear secretion intact	2	1	0
CN 8 Acoustic: hearing intact (whispered words heard bilaterally)	2	1	0
CN 9 Glossopharyngeal CN 10 Vagus: uvula and soft palate rise symmetrically (when patients state “aahh”) gag reflex intact	2	1	0
CN 11 Spinal Accessory: intact (shrug shoulders against resistance, rotate head against resistance)	2	1	0
CN 12 Hypoglossal: tongue protrudes midline, no tremor; lingual speech intact (state light, tight, dynamite)	2	1	0
ASSESS BALANCE (Cerebellar function):			
Assess gait and tandem gait – smooth, coordinated, steady	2	1	0
Walk on tiptoes then on heels	2	1	0
Romberg Test	2	1	0
Hop in place on one foot then the other	2	1	0
Shallow knee bend	2	1	0
ASSESS SENSORY SYSTEM:			
Superficial pain, light touch to face, upper, and lower extremities	2	1	0
Stereognosis	2	1	0

Graphesthesia	2	1	0
ASSESS COORDINATION:			
Rapid alternating movements	2	1	0
Finger to finger test (patient to tester)	2	1	0
Finger to nose test	2	1	0
Heel to shin test	2	1	0
Assess Deep Tendon Reflexes (DTR) with reflex hammer			
Brachioradialis: 2+ (elbow flexion & hand pronation)	2	1	0
Biceps: 2+ (flexion at the elbow)	2	1	0
Triceps: 2+ (extension of the elbow)	2	1	0
Patellar: 2+ (extension at knee)	2	1	0
Achilles: 2+ (plantar flexion of the foot)	2	1	0
Plantar: 2+ (toe flexion) Note extension +Babinski and abnormal in adults, normal in infants	2	1	0
CLOSURE			
Thank patient	2	1	0
Provide safety – call light, bed in low lock position, side rails, hand hygiene			
Proceeds in systemic, professional manner, appropriate terminology, stating normal and abnormal findings as noted, and appropriate teaching	Yes 10		No 0
Comments:			
SUBTOTAL___/266			
TOTAL_____/266 = GRADE_____ **Key:** **0 – did not complete or completed unsatisfactorily** **1– partially completed** **2 – completed satisfactorily**			

End of Syllabus