STUDENT NAME Sandrin Francis

REVIEW MODULE CHAPTER 26

Description of Skill

A collection of objective data that provides information about changes in the patient's body system.

Text

Indications

A physical assessment is usually conducted in a head to toe sequence or a system sequence but can be adapted to meet the needs of the patient. It is often necessary to modify the sequence, positions, and specific assessments based on the patient's age, energy level, and cognitive and physical state, as well as Time constraints.

Outcomes/Evaluation

The patient will begin to develop a therapeutic relationship with the nurse, and feel comfortable voicing concerns. The nurse will collect adequate information to determine the current status of the patient's health and any detriment to health.

Potential Complications

Cultural insensitivity Uncooperative patient

CONSIDERATIONS

Nursing Interventions (pre, intra, post)

The nurse will introduce herself to the patient, perform necessary hygiene, and provide privacy. She will explain the process of the physical assessment to the patient. The nurse will ask permission before performing any physical assessment. The nurse will assess the patient for cultural concerns or religious requirements. The nurse will describe the actions before performing them on the patient. The nurse will provide a comfortable environment to make the patient feel relaxed. The nurse will adjust the lighting and the environment.

Client Education

Educate patient on assessment process including what it will entail and what will be done with the information, including health promotion and prevention.

Nursing Interventions

Discussed patient's concerns and educate patient on assessment process Alterations of assessment may be necessary if patient is unwilling to allow physical assessment.

Social Skills For Nursing Practice

Clifford Lane

Social Skills For Nursing Practice:

Social Skills For Nursing Practice Book Review: Unveiling the Magic of Language

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