

## CHAPTER 15



1. PATIENT RESPONSIVENESS ASSESSMENT
2. STROKE ASSESSMENT
3. CRANIAL NERVE ASSESSMENT
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PATIENT ASSESSMENT IS A VERY IMPORTANT TOOL. THIS CHAPTER CONTAINS CLIPS OF A TOPIC THAT WILL BE ONGOING. "ASSESSMENT FROM HEAD TO TOE" CONTAINS NUMEROUS TYPES OF CLINICAL ASSESSMENT. IT IS DIVIDED INTO PARTS. PLEASE VISIT: [WWW.DEARNURSES.COM](http://WWW.DEARNURSES.COM)

HOPE YOU  
ENJOY  
LEARNING!



## ASSESSMENT

LIKE THE ARTIST PERFECTS PAINTING  
SKILLS, SO DOES THE NURSE PERFECT  
CLINICAL SKILLS!



## ASSESSMENT

ACCURATE CLINICAL  
ASSESSMENT IS A VERY  
IMPORTANT TOOL.  
MORE INDEPTH  
INFORMATION ON THIS  
TOPIC, IS AVAILABLE AT:  
[WWW.DEARNURSES.COM](http://WWW.DEARNURSES.COM)  
(ASSESSMENT FROM  
HEAD TO TOE)



# CARE PLANNING AND PATIENT EDUCATION FOR NURSES

FORM MORE CLINICAL INFORMATION  
VISIT:[www.dearnurses.net](http://www.dearnurses.net)

Today I will stand  
tall, feeling secure  
that I know how  
to organize my day.



NEUROLOGICAL ASSESSMENT  
FOR MORE HELPFUL INFORMATION  
ON THIS TOPIC, PLEASE  
READ STROKE SERIES-  
ASSESSMENT: VOLUMES 1,2 ,3.

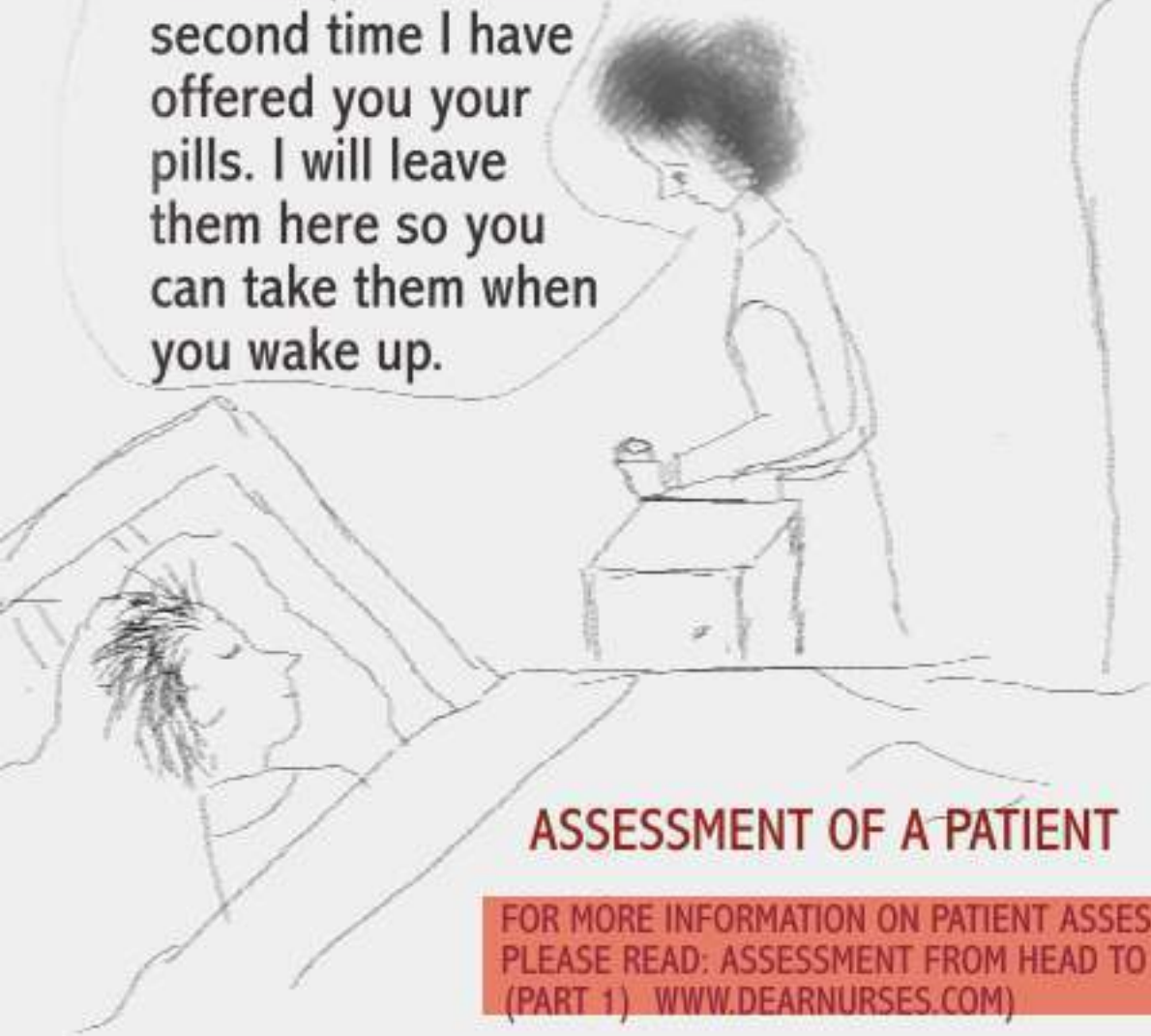
[WWW.DEARNURSES.COM](http://WWW.DEARNURSES.COM)



How accurate is your neurological assessment?  
Is your patient awake and alert and can talk like  
a parrot or lethargic and barely responds?

**Carla is in a hurry to go to lunch.**

Mr.Allen, this is the second time I have offered you your pills. I will leave them here so you can take them when you wake up.



## **ASSESSMENT OF A PATIENT**

**FOR MORE INFORMATION ON PATIENT ASSESSMENT,  
PLEASE READ: ASSESSMENT FROM HEAD TO TOE  
(PART 1) [WWW.DEARNURSES.COM](http://WWW.DEARNURSES.COM))**

# IF YOUR PATIENT HAD A STROKE, WOULD YOU KNOW WHAT TO LOOK FOR?

FOR MORE INFORMATION ON STROKE, PLEASE VISIT : [WWW.DEARNURSES.COM](http://WWW.DEARNURSES.COM) AND ENJOY READING "STROKE SERIES-ASSESSMENT IN THE CLINICAL SETTING".

DIFFICULTY WITH MOTOR ACTIVITY,  
BLADDER CONTROL,  
SOCIAL BEHAVIOUR  
AND PERSONALITY

**frontal lobe**

**Broca's area**

SPEECH PRODUCTION-  
DIFFICULTY EXPRESSING  
WORDS

**temporal lobe**

DIFFICULTY WITH  
MEMORY, HEARING  
AND SPOKEN  
LANGUAGE

**Wernicke's area**

SPEECH  
COMPREHENSION-  
DIFFICULTY UNDERSTANDING  
WHEN SPOKEN TO

**pons**

**medulla oblongata**

**parietal lobe**

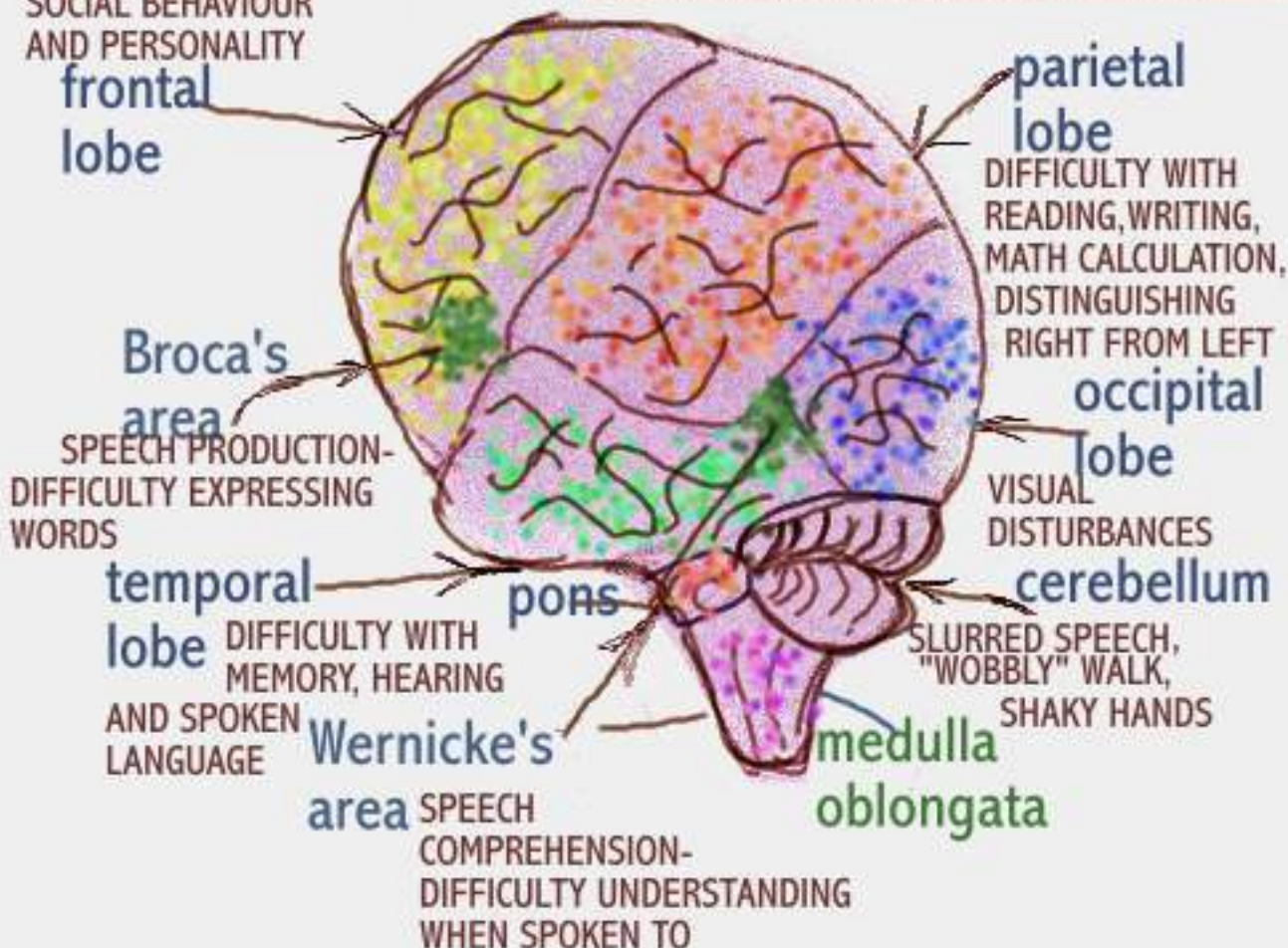
DIFFICULTY WITH  
READING, WRITING,  
MATH CALCULATION,  
DISTINGUISHING  
RIGHT FROM LEFT


**occipital lobe**

VISUAL  
DISTURBANCES

**cerebellum**

SLURRED SPEECH,  
"WOBBLY" WALK,  
SHAKY HANDS





Nurse I am not sure what is going on. My right arm feels weak and my right eye is cloudy.

**THIS PATIENT IS DISPLAYING STROKE SYMPTOMS.**

SYMPTOMS INCLUDE:

- SUDDEN SEVERE HEADACHE, MENTAL CONFUSION
- NAUSEA, VOMITING
- VISUAL DISTURBANCES, FACIAL WEAKNESS, HEARING LOSS
- WEAKNESS OF EITHER UPPER OR LOWER EXTREMITIES OR LOSS OF COORDINATION



## CRANIAL NERVE -3 OCULOMOTOR NERVE

Sara had a pituitary resection for a brain tumor.

THE OCULOMOTOR NERVE IS RESPONSIBLE FOR CONSTRICTION OF THE PUPIL WHEN LIGHT IS SHONE INTO THE EYE. BOTH PUPILS NORMALLY CONSTRICT AT THE SAME TIME, REGARDLESS OF WHICH EYE THE LIGHT IS SHONE INTO.



FOR MORE INFORMATION ON CRANIAL NERVE ASSESSMENT, PLEASE READ: STROKE SERIES-ASSESSMENT IN THE CLINICAL SETTING AT: [WWW.DEARNURSES.COM](http://WWW.DEARNURSES.COM)

## SPINAL CORD INJURY

Injuries involving C3 and above will affect breathing. Ventilatory support may be necessary.

Injuries to T1-T12 will affect the strength of the abdominal muscles.



Injuries from C4-C7 will result in some degree of weakness of shoulders, arms hands and fingers.

Injuries to L1-coccyx will affect the thighs, knees, feet and toes.

FOR MORE INFORMATION ON SPINAL INJURIES, PLEASE READ: TRAUMA CARE ([WWW.DEARNURSES.COM](http://WWW.DEARNURSES.COM))

# FALL PREVENTION

CARE PLAN SHOULD INCLUDE FALL PRECAUTIONS.



BOTH PATIENTS HAVE SOMETHING IN COMMON. THEY ARE BOTH UNSTABLE ON THEIR FEET AND WILL NEED TO BE CLOSELY WATCHED.



STROKE SYMPTOMS LIKE ARM OR LEG WEAKNESS MAY RESULT FROM A TRAUMATIC BRAIN INJURY.

THIS PATIENT WAS INVOLVED IN AN ACCIDENT A MONTH AGO. SHE IS RECEIVING PHYSICAL THERAPY TO LEARN TO WALK AGAIN. SHE IS A FALL RISK, AS SHE IS UNSTABLE ON HER LEGS. HER RIGHT LEG IS WEAKER THAN HER LEFT.

THIS PATIENT HAS A PROSTHETIC LEG ON THE LEFT SIDE. SHE HAD AN ABOVE KNEE AMPUTATION FOLLOWING A CAR ACCIDENT. SHE IS LEARNING TO WALK AGAIN AND IS UNSTABLE ON HER LEGS.

REGARDLESS OF WHERE  
YOU WORK, PAIN SHOULD  
NOT BE IGNORED. ASSESS,  
DOCUMENT AND INTERVENE



NURSE I NEED A  
PAIN SHOT.  
MY BACK  
HURTS

PLEASE DESCRIBE  
YOUR PAIN ON A SCALE  
OF 1-10.

TO LEARN MORE ABOUT  
PAIN ASSESSMENT,  
PLEASE READ:  
PAIN MANAGEMENT,  
[WWW.DEARNURSES.COM](http://WWW.DEARNURSES.COM)

ASSESSMENT

## POST-OP PNEUMONIA

Encourage the use of Incentive Spirometer

- ASSESS
- DOCUMENT
- NOTIFY MD AS SOON AS POSSIBLE!

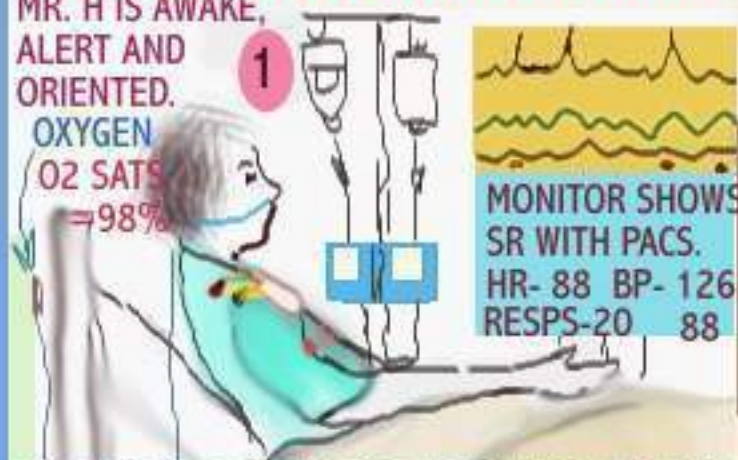


### SIGNS AND SYMPTOMS

Pneumonia should be prevented at all cost. It delays the healing process in the post-operative period. Fever, chills, generally feeling weak, pleuritic chest pain, decreased breath sounds (especially in the bases) and decrease in O<sub>2</sub> sats are some of the symptoms of pneumonia.

# CARDIOPULMONARY ARREST IN THE ICU

1  
MR. H IS AWAKE,  
ALERT AND  
ORIENTED.  
OXYGEN  
O2 SATS  
=98%



MONITOR SHOWS  
SR WITH PACS.  
HR-88 BP-126  
RESPS-20 88

3  
CODE BLUE



MR. H WAS ADMITTED TO THE ICU FOR A CARDIAC  
WORKUP. HE HAS A KNOWN HISTORY OF CAD.

THE NURSE PASSES THE  
CODE BUTTON TO ALERT THE  
ICU STAFF OF A CARDIO-  
PULMONARY ARREST.

2  
MR. H HAS NO  
PULSE. HIS  
MONITOR  
SHOWS  
V-FIB.  
OXYGEN



MR. H  
CAN YOU  
HEAR  
ME?

4



MR. H'S NURSE HEARS THE MONITOR ALARM GO  
OFF AND CHECKS ON HIM. HE IS UNRESPONSIVE.  
THE NURSE ATTEMPTS TO REMOVE  
THE GOWN AND START CPR.

# ASPIRATION PNEUMONIA



ASPIRATION PNEUMONIA CAN BE AVOIDED IF THE PATIENT HAS A COMPROMISED AIRWAY, LIKE THE STROKE PATIENT, OR ONE WHO IS UNCONSCIOUS, A FOREIGN SUBSTANCE SUCH AS STOMACH CONTENT (FROM TUBE FEEDINGS) OR EMESIS (VOMITUS), MAY ENTER THE LUNGS. KEEPING THE HOB UP 30 DEGREES OR AS ORDERED BY MD, CAN PREVENT THIS HAPPENING. CHECKING FOR RESIDUALS AS ORDERED WILL PREVENT THE STOMACH FROM BECOMING TOO FULL AND POSSIBLE VOMITING.

## CARE PLAN

SAMPLE OF A CARE PLAN FOR THE PATIENT WITH AIRWAY COMPROMISE:

- POTENTIAL FOR ASPIRATION PNEUMONIA
- MAINTAIN PATENT AIRWAY
- FOLLOW MD ORDERS
- HOB UP 30 DEGREES
- EDUCATE FAMILY NOT TO LOWER HEAD OF BED

FOR MORE HELPFUL INFORMATION ON STROKE ASSESSMENT AND TRAUMATIC BRAIN INJURY, PLEASE VISIT: [WWW.DEARNURSES.COM](http://WWW.DEARNURSES.COM)