

Patient's initials \_\_\_\_\_

Student's name \_\_\_\_\_

**RESPIRATORY ASSESSMENT:**

Lung sounds – crackles, rhonchi, wheezes, rub	
Secretions: amount, type, color	
O2 Sat	
Skin color (cyanotic/acyanotic)	

**GASTRO-INTESTINAL ASSESSMENT:**

Inspection of abdomen – flat, round, distended	
Auscultation for bowel sounds- hyperactive, normal, hypoactive location of sounds – which quadrants	
Light and deep palpitation Soft, firm tender, non-tender, painful	
Percussion	
Nausea and vomiting	
Last bowel movement	
Abdominal girth if indicated (ascites present)	

**PSYCHOSOCIAL ASSESSEMENT:**

Calm, content, excited, irritable, frustrated, affect, etc.	
Immediate family members (name, relationship) participate actively in patient care and concerns?	