ARKANSAS TECH UNIVERSITY

DEPARTMENT OF NURSING

HEALTH ASSESSMENT

NUR 3303 MT1 & MT2

Spring 2012
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ARKANSAS TECH UNIVERSITY
DEPARTMENT OF NURSING

COURSE: NUR 3303

TITLE: HEALTH ASSESSMENT

CREDIT HOURS: THREE (3) HOURS

CONTACT HOURS: THEORY AND PRACTICE HOURS

PLACEMENT: FALL or SPRING SEMESTER SOPHMORE YEAR

INSTRUCTORS:

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Office Hours: Posted on bulletin board
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COURSE DESCRIPTION:

The student uses the nursing process to assess the client by the utilization of observation, palpation, percussion, and auscultation skills. The language of Health Assessment is taught and methods of proper documentation are emphasized. The course provides guidance in specific assessment techniques and enables the student to recognize normal findings throughout the life cycle. The student collaborates with members of the health care team in the sharing of health findings in order to make a specific nursing diagnosis. Activities are provided which include the community as an aggregate client.
Instructional Resources:
Required textbooks:


Justification/Rationale for the Course

By the completion of this course the student will progress toward program goals/outcomes 1, 2, 3, 4, and 5.

This upper division professional nursing course provides opportunities for the student to apply knowledge and skills from the general education component and from nursing courses to the care of individuals.

Course Objectives:

On successful completion of this course, the nursing student will be able to:

1. Accurately document a health history.

2. Use appropriate techniques to assess the client through the utilization of inspection, palpation, percussion, and auscultation skills.

3. Use inspection, palpation, percussion, and auscultation to assess clients as a basis for nursing diagnosis.

4. Specify abnormal physical assessment findings through recognition of the normal.

5. Consistently utilize the language of physical assessment in describing health findings when documenting or describing the client's health status.

6. Apply theory, critical thinking, and communication skills to the assessment of assigned clients in the clinical laboratory.

7. Use the criteria of growth and developmental norms in order to assess the current physical status of the client.
Evaluation:

1. Grading Scale
   
   - A = 90 - 100
   - B = 80 - 89
   - C = 75 - 79
   - D = 68 - 74
   - F = 67 and below

2. A grade of "C" or above must be achieved in every nursing course in order to progress in the Nursing Program. Any grade below 75% will not be rounded up.

3. A grade of "I" may be recorded for a student whose work is incomplete due to circumstances beyond the student's control. The student must remove the "Incomplete" from his or her record before progressing to the next nursing course.

4. Examinations will be taken at designated times. If a student cannot take the examination at the scheduled time, he or she is responsible for contacting the instructor as soon as possible to make up the examination. Make-up examinations will be given at the convenience of the instructor of the course and scheduled at a specific time. The make-up examination may be a different exam from scheduled exam.

Course Grade:

Exams:

- Unit Test (4) 15% x 4.............................. 60%
  *75% cumulative grade required on the 4 unit exams to pass course and to proceed to the Physical Exam

Physical Exam

- Performance........................................ 10%
- Recording.......................................... 10%
  *75% cumulative grade required on Physical Exam to pass the course

Other

- On-line.................................................. 10%
- Lab/In-class activities.............................. 10%

100%
**Student Role:** Learner, Communicator, Assessor, Advocate, Researcher, Teacher, and Documenter.

**Teaching-Learning Strategies:**
Lecture and discussion, role play, demonstrating return demonstration, simulation, anatomical models, charts, diagrams, family pedigree, and audiovisual materials.

**Teacher Role:** Demonstrator, Evaluator, Facilitator, Resource Person, Role Model, Supporter, and Communicator.

### CONDUCT OF THE COURSE

**Class Attendance:**

1. Regular class and lab attendance is considered essential if the student is to receive maximum benefit from the course. The student is responsible to meet all classes as scheduled and on time. Control of class attendance is vested in the teacher. Please refer to the section on class absences in the Arkansas Tech University Department of Nursing Student Handbook for further information.

   If a consistent pattern of absences from class or lab develops (more than 3 absences), the situation will be dealt with by the faculty and the student may be dropped from the course.

2. Only registered students and officially invited guests are to attend nursing classes.

3. Planned learning experiences outside the classroom are an integral part of the nursing course. All students are expected to participate.

**Dress and Behavior:**

1. The nursing student is expected to dress appropriately for class.

2. Drinking and eating are allowed in the classroom but not in the skills lab. Tobacco use is not allowed in any part of the building.

3. All students will be expected to practice physical examination skills on each other.

4. In order to facilitate the rapid acquisition of these skills, practice will be continued in the skills laboratory, clinical practicum or in other areas outside of the regular class time.
Demonstration of a Physical Examination and Documentation:

1. Students will check off using a fellow classmate. If a subject fails to participate for any reason the student's grade will be reduced by 5%. If a student does not appear at the appropriate scheduled time for return demonstration without prior notification to the assigned instructor or course coordinator, a grade of "0 pts" will be given for the Health Assessment check-off performance and recording.

2. Because of the difficulties of fitting this observed examination into the regular class schedule, it may be planned at another time.

3. **Thirty minutes is allotted for the return demonstration and thirty minutes for the write-up. The demonstration must start at the designated time and be completed at the end of the scheduled time period.**

4. Genital examination will not be a part of the physical examination.

5. Students will be responsible for room set-up prior to performing physical exam demonstrations.
OBJECTIVES

The student will:

1. Explain the 4 basic techniques used in performing a physical assessment.
2. Compare and contrast the 2 main methods used for completing a systematic physical assessment.
3. Identify equipment that is essential for performing a complete physical assessment.
4. Discuss methods of relieving anxiety and ways of expressing caring during a physical assessment.
5. Describe the elements of general survey (general impression)
6. Discuss safety measures for performing a physical assessment.
7. Discuss professionalism, confidentiality and HIPPA in relation to nursing and health assessment.
8. Evaluate the appropriateness of the weight for height or a client using a standard chart of guidelines for body weight
9. Discuss Pedigree

LEARNING ACTIVITIES

Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:
Jarvis, Chapter 8, 9.
Review Chapter 10, 11. (pg. 148-150 General Survey)
Construct a Pedigree
NUR 3303 HEALTH ASSESSMENT
FOCUS: The Nurse Examines the Skin, Hair & Nails

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
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<tbody>
<tr>
<td>Upon completion of this unit, the student should be able to:</td>
</tr>
<tr>
<td>1. Review the anatomy and physiology of the skin.</td>
</tr>
<tr>
<td>2. Describe the functions of each layer of skin.</td>
</tr>
<tr>
<td>3. Differentiate between sebaceous, endocrine, and exocrine glands.</td>
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<tr>
<td>4. Utilize correct terminology to describe anatomical lesions.</td>
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<tr>
<td>5. Describe the grouping configurations in skin assessment.</td>
</tr>
<tr>
<td>6. Define and give examples of different kinds of lesions: primary, secondary, and vascular.</td>
</tr>
<tr>
<td>7. Discuss the variations in skin color.</td>
</tr>
<tr>
<td>8. Demonstrate the techniques of examination of the skin.</td>
</tr>
<tr>
<td>9. Discuss the normal appearance of the hair and abnormal findings.</td>
</tr>
<tr>
<td>10. Describe normal and abnormal variations in the nails.</td>
</tr>
<tr>
<td>11. Discuss life cycle changes of the skin and hair that occur.</td>
</tr>
<tr>
<td>12. Compare and contrast the 3 main types of skin malignancies and identify risk factors.</td>
</tr>
<tr>
<td>13. Perform and record an assessment of the integument.</td>
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<tr>
<td>14. Develop appropriate nursing diagnoses based upon collected data.</td>
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</table>

<table>
<thead>
<tr>
<th>LEARNING ACTIVITIES</th>
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<tr>
<td><strong>Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:</strong></td>
</tr>
<tr>
<td>Jarvis,</td>
</tr>
<tr>
<td>Chapter 12.</td>
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</tbody>
</table>

**Recommend:**

Perform and record a skin assessment upon a client in the clinical setting.
### OBJECTIVES

On completion of this focus, the student should be able to:

1. Review pertinent facts concerning the anatomy and physiology of the ear.
2. Designate the appearance of the normal ear on inspection of its external parts; helix, antihelix, tragus, entrance to the ear canal, the lobule, and the mastoid process.
3. Describe nodules found in and around the ears.
5. Assess the auditory acuity of a client.
6. Describe the component parts of the eardrum which provide landmarks for ear examination.
7. Discuss the function of control of balance effected by the inner ear.
8. Skillfully use the otoscope.
9. Practice inner ear examination by utilizing the examination techniques involved in examining a young child or an older person.
10. Recognize the appearance of a normal eardrum in order to differentiate it from abnormal findings.
11. Develop appropriate nursing diagnoses based upon collected data.

### LEARNING ACTIVITIES

**Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:**

Jarvis,
Chapter 15.

Demonstrations, Practice, and Return Demonstration
# NUR 3303 HEALTH ASSESSMENT

**FOCUS: The Nurse Examines the Eye**

## OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Describe the anatomy and physiology of the eye.
2. Describe physiologic changes in the eye that occur through the life span.
3. Perform inspection of the structures of the eye.
4. Demonstrate the technique for assessing visual acuity.
5. Demonstrate the use of the ophthalmoscope.
6. Conduct the ophthalmoscopic examination.
7. Describe common abnormalities found on ophthalmoscopic exam.
8. Develop appropriate nursing diagnosis based upon complete data.

## LEARNING ACTIVITIES

Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:

- Jarvis, Chapter 14.

Demonstration, Practice, and Return Demonstration
# NUR 3303 HEALTH ASSESSMENT
## FOCUS: The Nurse Examines the Nose, Mouth, and Pharynx

### OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Review anatomy and physiology of the nose, mouth, and pharynx.
2. Identify the techniques used in examining the nose.
3. Skillfully perform and record examination of the nose.
4. Identify the frontal and maxillary sinuses.
5. Identify techniques used in examining the mouth and pharynx.
6. Skillfully perform and record an examination of the mouth and pharynx.
7. Develop appropriate nursing diagnoses based upon collected data.

### LEARNING ACTIVITIES

**Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:**

Jarvis, 
Chapter 16
**NUR 3303 HEALTH ASSESSMENT**  
**FOCUS: The Nurse Examines the Lungs and Thorax**

<table>
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<td>Upon completion of this unit, the student should be able to:</td>
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<td>1. Identify specified structures of the thorax and lungs from a given diagram.</td>
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<tr>
<td>2. Explain how the chest is divided by imaginary lines.</td>
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<tr>
<td>3. Locate anatomical landmarks in the chest wall by learning how to count ribs and rib interspaces.</td>
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<tr>
<td>4. Observe the shape of the client's chest, the way it moves and the anterior/posterior diameter.</td>
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<tr>
<td>5. Note any deformities of the thorax.</td>
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<tr>
<td>6. Observe the width of the client's costal angle.</td>
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<tr>
<td>7. Define the terms that describe respiratory patterns.</td>
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<tr>
<td>8. Discuss the differences between thorax characteristics in the life cycle changes between infancy and adulthood.</td>
</tr>
<tr>
<td>9. Demonstrate the use of the assessment technique of palpation.</td>
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<tr>
<td>10. Become familiar with the accepted pathway of percussion across, and down the thorax.</td>
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<tr>
<td>11. Learn to identify five percussion notes.</td>
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<tr>
<td>12. Identify, describe, and localize any area of abnormal percussion notes.</td>
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<tr>
<td>13. Differentiate between vesicular, bronchial, and bronchovesicular breath sounds.</td>
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<tr>
<td>14. Note pitch, intensity, and duration of breath sounds in inspiratory and expiratory phases.</td>
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<td>15. Differentiate between adventitious breath sounds.</td>
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<tr>
<td>16. Check for abnormal characteristics which would indicate a difficulty in gas exchange.</td>
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<td>17. Discuss physical signs in selected abnormalities of the bronchi and lungs.</td>
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<td>18. Develop appropriate nursing diagnoses based upon collected data.</td>
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<tr>
<td>Jarvis, Chapter 18.</td>
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<td>Lecture, demonstration, and practice on peer group members. Applying techniques in clinical practice.</td>
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</table>
FOCUS: The Nurse Examines the Heart and Pulses

OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Review the anatomy and physiology of the heart, pressure, and pulses.
2. Describe, in detail, the course of circulation of blood through the heart.
3. Review the stethoscope and the nature of the sound frequency that the bell or diaphragm transmits.
4. Demonstrate the techniques of examination in cardiovascular assessment.
5. Locate the point of apical impulse.
6. Explain events which produce the first heart sound (S1), second heart sound (S2), third heart sound (S3), and the fourth heart sound (S4).
7. Describe one method of distinguishing S1 and S2 heart sounds.
8. Isolate each part of the cardiac cycle in order to explain how the heart beats in response to the electrical stimulus and the pathway that it follows.
9. Explain the difference between systolic and diastolic heart murmurs and the related causes of each.
10. Describe the criteria of the index used to document the loudness or severity of a murmur.
11. Identify terms associated with extra heart sounds.
12. Explain the techniques of accurately assessing pulses.
13. Delineate characteristics which affect blood pressure readings.
15. Record the results of the heart and pulses assessment.
16. Develop appropriate nursing diagnosis based upon collected data.

LEARNING ACTIVITIES

Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:
Jarvis, Chapters 19 and 20.

Practice assessing the heart by inspection, percussion, palpation, and auscultation techniques.
### OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Review pertinent facts concerning the anatomy and physiology of the head, face, and neck.
2. Review the anatomy and physiology of the lymphatic system.
3. Perform general inspection of head.
4. Perform palpation of head and scalp.
5. Perform inspection of client's face.
6. Perform palpation of client's face.
7. Palpate temporomandibular joint.
8. Describe the lymph nodes of the head and neck by area of anatomical placement and direction of lymph flow.
9. Describe the location of specific nodes in acceptable physical assessment language.
10. Describe the characteristics of the lymph nodes throughout the life cycle.
11. Inspect the neck.
12. Locate the thyroid, palpate it, and outline its margin.
13. Develop appropriate nursing diagnosis based upon collected data.

### LEARNING ACTIVITIES

**Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:**

Jarvis,  
Chapter 13.

**Recommend:**

Perform and record an assessment of the head, neck and lymph on a patient in the clinical setting.
# NUR 3303 HEALTH ASSESSMENT

## FOCUS: The Nurse Examines the Clients Abdomen

### OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Review the anatomy and physiology of the pertinent parts in order to locate abdominal organs and designate their function.
2. Describe the method of partitioning off the abdomen in order to designate certain areas.
3. Name the internal structures located in each quadrant.
4. Locate the costovertebral junction as a landmark.
5. Describe the general techniques in abdominal examination.
6. Discuss the order of the assessment techniques used in assessment of the abdomen and the rationales for this order.
7. Describe elements examined during inspection of the abdomen.
8. Describe the elements examined during auscultation of the abdomen.
9. Describe elements examined during percussion of the abdomen.
10. Describe the elements examined during palpation of the abdomen.
11. Describe common deviations found during abdominal assessment.
12. Designate common findings which may be observed and confuse the examiner.
13. Perform an organized and thorough assessment of the abdomen.
14. Record the results of the abdominal assessment.
15. Develop appropriate nursing diagnosis based upon collected data.

### LEARNING ACTIVITIES

**Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:**

**Jarvis,**

Chapter 21

**Recommend:**

Perform and record an abdominal assessment on a client in the clinical setting.
# NUR 3303 HEALTH ASSESSMENT

**FOCUS:** The Nurse Examines Mental Ability of the Client

## OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Assess the following factors regarding the emotional status of clients:
   - General Appearance and Behavior
   - Speech and Language
   - Mood
   - Thought Processes and Perception
2. Develop appropriate nursing diagnoses based upon collected data.

## LEARNING ACTIVITIES

**Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:**
Jarvis, Chapter 5

Perform a mini-mental screen on a partner
# NUR 3303 HEALTH ASSESSMENT

## FOCUS: The Nurse Examines the Neurological System

<table>
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<th>OBJECTIVES</th>
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<tbody>
<tr>
<td>1. Upon completion of this unit, the student should be able to:</td>
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<tr>
<td>2. Organize own thinking into six categories; mental status and speech, cranial nerves, the motor system, the sensory system, and reflexes.</td>
</tr>
<tr>
<td>3. Designate safety factors that are necessary for the client when doing neurological testing.</td>
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<tr>
<td>4. Define the term for descriptions of abnormalities of consciousness.</td>
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<tr>
<td>5. Differentiate between the abnormal postures assumed by client who is comatose.</td>
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<tr>
<td>6. Define the terms for descriptions of abnormalities of speech.</td>
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<tr>
<td>7. Demonstrate an ability to direct the client to perform tests for muscular strength.</td>
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<tr>
<td>8. Differentiate between the various tremors.</td>
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<tr>
<td>9. Demonstrate how the examiner would test for discriminative sensations.</td>
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<tr>
<td>10. Describe how to elicit basic reflexes.</td>
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<tr>
<td>11. Describe the Romberg Sign.</td>
</tr>
<tr>
<td>12. Describe abnormalities of gait which characterize certain diseases.</td>
</tr>
<tr>
<td>13. Describe the maneuvers of neurologic testing by demonstrating rapid rhythmic, alternating movements and point to point testing.</td>
</tr>
<tr>
<td>14. Demonstrate the classification of reflex grading.</td>
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<tr>
<td>15. Describe hyperactive reflexes and sustained clonus.</td>
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<tr>
<td>16. Demonstrate the techniques for eliciting superficial or cutaneous reflexes.</td>
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<tr>
<td>17. Explain how to elicit special maneuvers which suggest meningeal irritation.</td>
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<tr>
<td>18. Describe and elicit neurologic reflexes of the newborn.</td>
</tr>
<tr>
<td>19. Stipulate the name and function of the twelve pairs of cranial nerves.</td>
</tr>
<tr>
<td>20. Define the various aspects of nystagmus.</td>
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<tr>
<td>21. Perform an organized and thorough assessment of the neurological system.</td>
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<tr>
<td>22. Record the results of the neurological assessment.</td>
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<tr>
<td>23. Develop appropriate nursing diagnosis related to the neurological system.</td>
</tr>
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## LEARNING ACTIVITIES

**Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:**

Jarvis, Chapter 23

**Activity:**

Perform and record neurological assessment upon client in lab setting as assigned.
### OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Review the anatomy and physiology of the musculoskeletal system.
2. Identify descriptions that characterize anatomical range of motion.
3. Describe examination techniques of the musculoskeletal system.
4. Recognize the normal curvature of the spine.
5. Begin to utilize assessment skills in examining various parts of the musculoskeletal system.
6. Examine client for nodules, tenderness or swelling in various bones and joints.
7. Utilize "ballotment" techniques to note fluid accumulation around joints.
8. Designate conditions which might cause pain or tenderness when palpation or percussion techniques are utilized in survey of the musculoskeletal system.
9. Note pain, tenderness, limitation of motion, fluid accumulation, and evidence of crepitation when examining the musculoskeletal system.
10. Describe how special maneuvers may elicit symptoms which are characteristic of specific abnormalities conditions.
11. Designate etiology, signs, symptoms age factors, treatment plan, and prognosis for the condition of scoliosis.
12. Describe the client with abnormalities of the spine.
13. Describe signs and symptoms of abnormalities which restrict movement or cause discomfort in the client with dysfunctions of the neck, hands, shoulders, knees or feet.
14. Identify any change of the musculoskeletal system associated with aging.
15. Perform an organized and thorough assessment of the musculoskeletal system.
16. Record the results of the musculoskeletal assessment.
17. Develop appropriate nursing diagnosis based upon collected data.

### LEARNING ACTIVITIES

Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:
Jarvis,  
Chapter 22
FOCUS: The Nurse Examines the Female Genitalia

OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Identify major structures of the female reproductive system.
2. Discuss the physiology of female reproductive system.
3. Discuss changes in the anatomy and physiology of the female genitalia through the life span.
   (SMR)
4. Describe elements of a thorough sexual history performed prior to physical examination of the genitalia.
5. Identify specific examination behaviors that will minimize client discomfort and enhance effectiveness of the pelvic examination.
6. Discuss the elements of an examination of the female genitalia.
7. Identify the appropriate and effective procedures for using a vaginal speculum.
8. Identify observable and palpable characteristics of a normal external genitalia and perineum.
9. Identify observable and palpable characteristics of normal internal structures.
10. Identify the characteristics of normal vaginal discharge.
11. Describe common deviations from normal female genitalia.
12. Develop appropriate nursing diagnosis based upon collected data.

LEARNING ACTIVITIES

Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:
Jarvis,
Chapter 26.
### OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Identify major structures of the male reproductive system.
2. Discuss changes in the anatomy and physiology of the male genitalia through the life span. (SMR)
3. Identify specific examiner behaviors that will maximize client's modesty and enhance effectiveness of the examination.
4. Describe elements of a thorough sexual history performed prior to physical examination of the male genitalia.
5. Identify appropriate teachings for male genitalia assessment.
6. Describe abnormalities of the penis which would indicate a pathologic process.
7. Describe abnormalities of the scrotum which indicate a pathologic process.
8. Demonstrate and teach Testicular Self-Examination (TSE)
9. Describe the steps of the examination of the rectum in both males and females.
10. Describe abnormalities of the rectum which would indicate a pathologic process.
11. Describe palpation of the prostate.
12. Discuss physical examination findings which would indicate the presence of parasites in the area of genital examination.
13. Discuss physical examination findings which would indicate the presence of parasites in other areas of the body.
14. Develop appropriate nursing diagnosis based upon collected data.

### LEARNING ACTIVITIES

**Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:**

- Jarvis, Chapters 24 & 25.

  Review pertinent anatomy and physiology.
# NUR 3303 HEALTH ASSESSMENT  
*FOCUS: Interviewing and the Health History*

## OBJECTIVES

The student will:

1. Discuss the purposes of an interview.
2. Describe appropriate techniques for conducting an interview.
3. Explore the phases of an interview.
4. Discuss the purpose of a nursing health history.
5. Describe the essential elements of a nursing history.
6. Conduct an interview to obtain a health history using appropriate communication techniques.
7. Record a health history using appropriate techniques.
8. Develop appropriate nursing dx based upon collected data.

## LEARNING ACTIVITIES

*Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:*

Jarvis,  
Chapt. 3 & 4  
Review 6 & 7
OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Describe the concept of culture
2. Identify characteristics and universal attributes of culture
3. Identify social characteristics to all ethnic/cultural groups that health care providers must consider.
4. Identify problems unique to ethnic minorities in the provision and use of health care services.
5. Relate the incidence of specific diseases to certain ethnic or cultural groups.
6. Identify specific characteristics and values of selected cultural groups that may influence nursing assessment and inter-vention.
7. Relate health-related beliefs and practices to economic status
8. Contrast values of the health care culture and selected minority ethnic cultures.

LEARNING ACTIVITIES

Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:
Jarvis
Chapter 2.
NUR 3303 HEALTH ASSESSMENT  
FOCUS: The Nurse Examines the Breast

OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Describe the anatomy and physiology of the breast.
2. Discuss changes in the breast through the life cycle.
3. Identify the lymphatic system associated with the breasts and discuss lymphatic drainage patterns.
4. Identify client positions for examination of the breasts.
5. List inspection criteria associated with the examination of the breast.
6. List palpation criteria associated with examination of the breasts.
7. Describe the following common deviations from normal breast tissue:
8. Discuss the assessment criteria used to describe masses.
9. Demonstrate instructional techniques in teaching self examination of the breast.
10. Demonstrate an organized and thorough assessment of the male and female breast and axillae.
11. Record the results of the breast axillae assessment.
12. Develop appropriate nursing diagnosis based upon collected data.

LEARNING ACTIVITIES

Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:
Jarvis,
Chapter 17
NUR 3303 HEALTH ASSESSMENT  
FOCUS: Overview & Initial Assessment

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon completion of this unit, the student should be able to:</td>
</tr>
<tr>
<td>1. Perform physical examination on client on all areas except genitalia, anus, and rectum.</td>
</tr>
<tr>
<td>2. Teach and demonstrate SBE and TSE on a client with use of models.</td>
</tr>
<tr>
<td>3. Develop appropriate nursing diagnosis based upon collected data.</td>
</tr>
<tr>
<td>4. Perform assessment during a medical emergency.</td>
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<table>
<thead>
<tr>
<th>LEARNING ACTIVITIES</th>
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<tbody>
<tr>
<td>Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:</td>
</tr>
<tr>
<td>Jarvis,</td>
</tr>
<tr>
<td>Chapter 1 &amp; 27</td>
</tr>
</tbody>
</table>
## OBJECTIVES

Upon completion of this unit, the student should be able to:

1. Demonstrate skills of inspection, percussion, palpation, and auscultation.
2. Demonstrate correct use of instruments, including assembly, manipulation of component parts, and positioning with patient.
3. Use appropriate terminology and correctly pronounce medical terminology with clinical instructor and with patient.
4. Choreograph the complete examination in a systematic manner, including integration of certain regional assessments throughout the examination (e.g., skin, musculoskeletal).
5. Coordinate procedures to limit position changes for examiner and patient.
6. Describe accurately the findings of the examination, including normal and abnormal findings.
7. Demonstrate appropriate infection control measures.
8. Recognize and maintain the privacy and dignity of the patient.
9. Complete all procedures with attention to specifics of technique, which allows clear and consistent replication of the procedures by others assessing the same patient.

## LEARNING ACTIVITIES

**Before class read and complete the Multiple Choice Review Questions-Exclusive to Health Assessment Online:**

Jarvis,
Chapter 28
<table>
<thead>
<tr>
<th>Physical Assessment Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 pts</td>
</tr>
<tr>
<td>1. Gather all equipment needed for a head-to-toe exam.</td>
</tr>
<tr>
<td>2. Introduce yourself to patient and verify patient with arm band.</td>
</tr>
</tbody>
</table>

**General Survey**

1. Observe appearance and patient position.

**Mental Status Examination**

1. Observe LOC and oriented x4.
2. Observe speech.

**Skin**

1. Throughout examination, assess skin for color variations, texture, moisture, temperature and lesions.

**Head and Face**

1. Note consistency, distribution, color of hair.
2. Observe face for symmetry, features, expression.
3. Have client smile, frown, show teeth, blow out cheeks, raise eyebrows, and tightly close eyes. (CN VII)
4. Test sensations of forehead, cheeks and chin. (CN V)

**Eyes**

1. EOM (CNIII,IV,VI)
2. Inspect external eye (lids, lashes, conjunctive, sclera, cornea, iris).
3. PERRLA
4. Use ophthalmoscope to inspect for red reflex.

**Ears**

1. Inspect & palpate auricle, tragus and mastoid process.
2. Use otoscope to inspect auditory canal and tympanic membrane.
3. Test hearing. (whisper test) CNVIII

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### Physical Assessment Checklist

<table>
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</thead>
<tbody>
<tr>
<td><strong>Nose and Sinuses</strong></td>
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<tr>
<td>1. Inspect external nose.</td>
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<tr>
<td>2. Check patency of air flow through nostrils.</td>
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<tr>
<td>3. Use light source to inspect turbinates, septum and mucosa.</td>
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<tr>
<td>4. Maxillary sinuses, palpate frontal.</td>
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<tr>
<td><strong>Mouth and Throat (Use a light as appropriate)</strong></td>
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<tr>
<td>1. Inspect lips, teeth, gums, mucosa and tongue.</td>
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<tr>
<td>2. Observe uvula and soft palate rise on phonation.</td>
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<tr>
<td>3. Asses for gag reflex (CN IX)</td>
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<tr>
<td>4. Inspect tonsils.</td>
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<tr>
<td><strong>Neck</strong></td>
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</tr>
<tr>
<td>1. Inspect appearance of neck for symmetry.</td>
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<tr>
<td>2. Test ROM of neck.</td>
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<tr>
<td>3. Palpate preauricular, postauricular, occipital, tonsillar, submandibular, submental, superficial cervical, deep cervical, posterior cervical and supraclavicular nodes.</td>
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<tr>
<td>4. Palpate and auscultate carotid arteries.</td>
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<tr>
<td><strong>Heart</strong></td>
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<tr>
<td>1. Inspect and palpate for apical impulse (note PMI location), auscultate apical heart rate</td>
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<tr>
<td>2. Auscultate over aortic area, pulmonic area, Erb’s point, tricuspid area and mitral. (bell and diaphragm)</td>
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<tr>
<td>3. Auscultate apex of heart as client lays on left side.</td>
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<tr>
<td><strong>Lungs</strong></td>
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<tr>
<td>1. Observe AP:T</td>
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<tr>
<td>2. Evaluate chest expansion at T9 or T10.</td>
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<tr>
<td>3. Inspect chest for accessory muscle use and symmetry.</td>
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<tr>
<td>4. Note quality and rate of respirations.</td>
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<tr>
<td>5. Auscultate anterior, posterior, and lateral chest.</td>
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<tbody>
<tr>
<td><strong>Abdomen</strong></td>
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</tr>
<tr>
<td>1. Inspect abdomen. (contour, umbilicus, peristalsis, and pulsations)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Auscultate abdomen x 4 quads</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>3. CVA tenderness and rebound tenderness</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4. Palpate abdomen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Upper Extremities</strong></td>
<td></td>
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<tr>
<td>1. Check skin temperature bilat.</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>2. Palpate brachial and radial pulses.</td>
<td>☐</td>
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<tr>
<td>3. Test biceps, tricep or brachioradialis DTR’s.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4. Assess capillary refill, contour and color of fingernails.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. Test ROM and strength.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td><strong>Lower Extremities</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. Assess skin temperature bilat</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Note hair distribution</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>3. Test sensations – light touch to feet (top and bottom).</td>
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<tr>
<td>4. Palpate dorsalis pedis and posterior tibialis pulses bilat.</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>5. Capillary refill bilat, contour and color of toenails.</td>
<td>☐</td>
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<tr>
<td>6. Homan’s sign.</td>
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<tr>
<td>7. Test patellar (quadriceps) or achilles DTR’s bilat</td>
<td>☐</td>
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<tr>
<td>8. Test ROM and strength.</td>
<td>☐</td>
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<tr>
<td>9. Observe gait or Perform heel-to-shin test</td>
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</table>

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