

Merced College Registered Nursing Program
 Leveled Patient Assessment Tool (LPAT)
 First semester (Inspection & Auscultation)

Pt. Initials: _____

Room # _____

Vital signs time: _____ Temp: _____ Pulse: _____ Resp.: _____ BP: _____ O₂ sat: _____ Pain: _____
 Vital signs time: _____ Temp: _____ Pulse: _____ Resp.: _____ BP: _____ O₂ sat: _____ Pain: _____
 Vital signs time: _____ Temp: _____ Pulse: _____ Resp.: _____ BP: _____ O₂ sat: _____ Pain: _____

NEUROLOGIC

Level of Consciousness (LOC)
 Level of Orientation
 Sleep
 Pain

Normal findings

alert
 x 4
 good
 no

Possible Abnormal findings

lethargic obtunded stuporous comatose
 not to: person place time purpose
 poor nap x _____ reason: _____
 yes location: _____ scale (0-10/10): _____
 Time: _____ Intervention: _____

HEENT

Head: Shape
 Hair
 Eyebrows/lashes
 Eyes: Vision
 Pupils
 Sclera
 Ears: Hearing
 Nose: Nares
 Mouth: Lips
 Tongue
 Gums/mucous membranes
 Dentition
 Throat: Swallowing
 Speech

normocephalic
 clean/shiny
 present
 20/20
 both (OU) equal
 round
 reactive to light
 white
 good bilaterally
 patent bilaterally
 moist / supple
 moist / papilliated
 moist / pink
 good
 smooth
 clear

asymmetrical
 dirty dull brittle alopecia bald
 sparse absent
 myopia (near) presbyopia (far) glasses blind R / L
 not equal
 describe shape: _____
 non-reactive to light sluggish reaction to light
 red yellow thickened other: _____
 hard of hearing deaf hearing aids R / L
 blocked, R / L septal deviation, R / L
 dry cracked fissures swollen bleeding *cyanotic
 dry coated white patches
 dry pale coated bleeding white patches
 poor loose cavities dentures: upper/lower
 dysphagia
 aphasia

CARDIOVASCULAR

Pulses: Radial
 Pedal
 Capillary Refill
 Edema
 Heart: Apical Rhythm
 Strength (quality)
 Telemetry
 Intravenous Fluids:
 Site location/appearance

present/strong/equal
 present/strong/equal
 normal (<3sec)
 absent
 regular
 strong (bounding)
 no
 no / saline lock
 clear

***absent** weak unequal R / L
***absent** weak unequal R / L
 delayed @ _____ seconds
 present @ _____ (+1 / +2 / +3 / +4)
 irregular regularly irregular (with breathing)
***weak (thready)**
 yes Rhythm: _____
 yes: Solution: _____ Rate: _____ ml/hr.
 Location: _____ ***edema *erythema *pain**

RESPIRATORY

Respirations (rhythm/depth/quality)
 Chest Shape (AP diameter)
 Lung Sounds (anterior & posterior)
***Adventitious sounds**
 Cough
 Oxygen therapy

Normal findings

even/unlabored
 normal (AP<transverse)
 clear all lobes
 none
 none
 N/A

Possible Abnormal findings

irregular deep shallow ***labored** dyspnea SOB
 asymmetrical barrel (AP=transverse) pigeon (sunk-in)
 diminished (location): _____
 wheeze (location): _____ on insp. / exp.
 fine crackles (location): _____ on insp. / exp.
 coarse crackles (location): _____ on insp. / exp.
 dry (non-productive) hacking spasms
 wet (productive): sputum color & amt. _____
 O₂ @ _____ L/min. per NC mask tent PRN

GASTROINTESTINAL

Abdomen: shape	round / flat	scaphoid protuberant distended
bowel sounds	active x 4 / borborygmi	hypo / hyper / *absent @ RLQ / RUQ / LUQ / LLQ
Appetite:	good	poor nausea emesis x ____ color: _____
Fluid Intake:	quantity sufficient	poor limited fluid restriction of _____ mL/hr.
Nasogastric tube:	N/A	location: R / L nares patent *non-patent
suction	N/A	low / medium / high continuous / intermittent
		Color of drainage: _____
Bowel movement:	yes / normal	no LBM: _____ flatus
description	soft / brown	hard / pellets / pencil-thin / liquid color: _____

GENITOURINARY

Urine: color	yellow	dk. amber bloody
clarity	clear	cloudy sediment visible odiferous
quantity	sufficient (>60mL/hr.)	decreased *<30mL/hr.
* complains of:	N/A	burning frequency retention incontinence
Foley catheter / condom catheter	N/A	patent (draining) *non-patent (not draining)

MUSCULOSKELETAL

Muscle tone	good	poor (flaccid) paralyzed / contractures R / L
Muscle strength: Hand Grips	strong	weak R / L absent R / L
Foot pushes	strong	weak R / L absent R / L
Range of Motion (ROM)	full	limited (location): _____
Gait:	steady	unsteady propelling ataxia
Use of assistance devices	none	cane quad cane walker wheelchair crutch
Treatment: Cast	N/A	location: _____ elevated: Yes / No
Traction	N/A	location: _____ amt. of wt. _____
CMS checks	N/A	good *poor
Amputation	none	yes (location): _____

SKIN

Skin: Color	normal for ethnicity	pale jaundiced *cyanotic mottled
Temperature	warm / dry	hot cool cold moist *diaphoretic
Turgor	good	poor (tenting)
Appearance	clear / intact	*open lesion/s: _____
		*bruising: _____ *rash: _____
Fingernails & Toenails	present / normal	absent yellow thick brittle cyanotic R / L
Wound : Location	N/A	yes: _____
Dressing	dry / intact	not intact drainage color: _____ dsq. changed
Appearance	new granular growth	measurements: _____

PSYCHOSOCIAL

Behavior	cooperative	uncooperative confused other: _____
Mood	pleasant	withdrawn seclusive *combative other: _____
Restraints	N/A	type: _____ R / L released every 2 hrs.
Language spoken	English	Spanish Hmong other: _____
Family	present	not present estranged

Additional comments: _____

Signature

Initial

Date

*** Team Leader or Nursing Instructor notified of findings**

Revised by J.Richards, NP 8/2020 ©