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NUR 3010

HEALTH HISTORY & PHYSICAL EXAMINATION OF AN ADULT

NEW YORK CITY COLLEGE OF TECHNOLOGY
Department of Nursing

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HEALTH HISTORY AND PHYSICAL EXAMINATION OF AN ADULT

INITIAL INFORMATION

1. Date and Time of History

IDENTIFYING DATA

1. Name: Kevin Crawford
2. Address: 255 Pennsylvania avenue, Brooklyn NY 11208
3. Age : 41
4. Date of birth : 4/11/1970
5. Birthplace: downstate university
6. Gender: male
7. Marital Status: single
8. Race: Afro American
9. Ethnic Identity/Culture: southern
10. Religion and Spirituality: baptist
11. Occupation: surgical Technologist
12. Health Insurance: 1199
13. Source of history: pt
14. Source of referral (if appropriate): n/a

RELIABILITY: intraobserver reliability is good. Pt is clear in describing his symptoms.

CHIEF COMPLAINT (s) (CC): “im here for the swelling in my legs and terrible headaches”

PRESENT ILLNESS (PI): pt noticed that over the past 4 months his legs were beginning to swell up accompanied by frequent severe headaches mostly in the occipital area.

1. Onset
   a. Date of onset:date: approx. 4 months
   b. Manner of Onset: headaches accompanied with lower extremity edema
   c. Precipitating and predisposing factors related to onset: none

2. Characteristics
   a. Character: intense headache and +3 bilateral lower extremity non pitting

b. Location and radiation: headache mostly in occipital area with radiation to other parts of the head, lower extremity edema localized to bilateral legs only
c. Intensity or severity: headache vas of 8 on pain scale, no pain in lower extremity edema
d. Timing (continuous or intermittent): headaches intermittent, bil LE edema constant

3. Course since onset
a. Incidence: headaches daily, bilateral lower extremity edema continuous
b. Progress: unchanged
c. Effect of therapy

Past Medical History:

Childhood:
1. Illness : varicella
2. Immunizations :all childhood immunizations given
3. Allergies: shell fish

Adult:
1. Illness :hypertension, gout, arthritis, diabetes type2, sinusitis
2. Substance Use : pt denies drug use and drinks 1-2 alcoholic beverages socially on weekends
3. Adverse Drug Reactions: pt gets nausea when having shell fish
4. Medications: metoprolol 25mg daily by mouth for hypertension.
5. Herbal Supplement/Over the Counter Drugs: advil cold and sinus

Past Surgical History
1. Hospitalization: severe hypertension
2. Outpatient Care: cystoscopy for stone removal.
3. Transfusions: none

Family History:
1. Immediate Family: mother, brother, and sister has hypertension, father died of heart disease,
2. Extended Family: father's 2 sisters died of pancreatic cancer. Grandmother on mothers side had diabetes type 2.
3. Genogram: attached.

Psychosocial History:
1. Occupational History: surgical technitian,
2. Education: some college
3. Financial Background: stable
4. Roles and Relationships: single male
5. Children and ages: no children
6. Sexual History: safe sex practices with women, pt currently sexually active
7. Exercise: none
8. Pets: 2 cats
9. Exposures (Asbestos, 9/11): none

REVIEW OF SYSTEMS (ROS): to elicit information concerning any potential health problem.

1. General :pt had weight gain secondary to increased swellin in bilateral legs over the last 4 months which slightly hinders his ability to carry out activities of daily living. Pt having intermittent headaches in the occipital area, otherwise pt healthy overall state of health.

2. Skin – pruritus, excessive dryness

3. Head, Eyes, Ears, Nose, Throat (HEENT)–
Head: headaches
Eyes: use of glasses or contact lenses, date of last optic examination was January of this year.
Ears: normal
Nose and sinuses: frequent stuffy nose, deviated septum, normal sense of smell, sinus trouble.
Throat: normal, last visit to dentist may of this year, no hoarseness or other voice irregularities.

4. Neck & Lymphatics – no limitation of movement, stiffness, or difficulty in holding head straight. no thyroid enlargement, no enlarged nodes or other masses.

5. Chest – no breast enlargement, discharge, masses, and enlarged axillary nodes.

6. Respiratory – pt has no chronic cough, frequent colds ,wheezing, shortness of breath at rest or on exertion,difficulty in breathing, sputum production, or infections (pneumonia, tuberculoses), pt does note have recent chest x-ray examination , date of last tuberculin test was December 2010 neg reation.

7. Cardiovascular– no cyanosis or fatigue on exertion, no history of heart murmur or rheumatic fever, or anemia. blood type A neg, no recent transfusion.

8. Gastrointestinal –appetite good, pt belching and passing flatulence. no recent change in bowel habits.no nausea and vomiting pt has not had a colonoscopy to date.

9. Urinary – pt has no c/o pain on urination, frequency, hesitancy, urgency, hematuria, nocturia, polyuria, unpleasant odor of urine, direction and force of stream, discharge, and change in size of scrotum.

10. Genital : pt has no hernias, discharge from or sores on the penis, testicular pain, masses, or sexually transmitted disease.

11. Peripheral Vascular- bilateral varicose veins noted.varicose veins

12. Musculoskeletal- pt has normal range of motion.

13. Neurologic- no significant history of head injury, seizure, tremor, loss of consciousness, balance problems, memory problems, and sense of touch and temperature.

14. Hematologic-no anemia, easy bruising or bleeding, past transfusions and /or transfusion reactions.

15. Endocrine- no thyroid trouble, heat or cold intolerance, excessive sweating, excessive thirst or hunger, change in glove or shoe size.

16. Psychiatric- no nervousness, tension, mood,or memory change.

PHYSICAL EXAMINATION:

1.General Survey- pt seemed to have a genral healthy clean appearance, pt standing 6 ft 1 inches 274lbs medium build relaxed facial muscles and great personal hygeine. Pt gait steady and posture normal. Pt breathing well with no observable breathing difficulties.

2. Vital Signs. Bp 168/98, hr 96, resp18, temp 98,9, pain vas 8.

3. Skin- facial skin color normal and smoothe without lesions. Skin color normal and smoothe. Temperature warm and dry upon palpation without lesions. Nails pink, normal shape, without clubbing.

4. Head, Eyes, Ears, Nose, Throat (HEENT)- *Head*: head in even proportion and position no pain noted, skull smoothe with no indications of previous trauma to head, hair without lice and texture fine. Scalp dry and flaky. *Eyes*: pt has normal pupillary reaction and accomodation to light. Pt passed visual field exam and was able to see bilateral hands in simultaneously. Pt visual acuity 20/20. *Ears*: pt auricles normal shape without tenderness. Inner canal clear with minimum cerumen, ear drum color/shape/position normal. *Nose and sinuses*: nose has septal deviation to left, bilateral nostrals without obstruction. Nasal mucosa and turbinates red without swelling. *Throat*: lips moist, bucal mucosa , gums, and tongue pink, teethe white without breakage. Tongue moves side to side and maintains a midline position when protruded. Pharynx pink. Soft palate and tonsils rise with symmetry.pharygeal structures intact without swelling or ulceration.

5. Neck- neck symmetrical without masses or scars. Upon palpation of cervical lymph nodes no enlargements found. Trachea midline. Thyroid gland size and shape normal.

6. Back- pt spine has normal cervical, thoracic, and lumbar curves. Shoulders and iliac crest in alignment. Upon palpation no tenderness in spinal column. Muscles relaxed without pain or tenderness. Back without skin markings or masses.

7. Posterior Thorax and Lungs- posterior thorax symmetrical with normal retraction of the interspaces during inspiration. Pt lungs clear without wheezing. Upon palpation no fremitus. Upon palpation of bilateral lungs resonance loud.

8. Breasts, Axillae, and Epitrochlear Nodes- upon palpation no lumps noted. No nodes noted when palpating axillary and epitrochlear nodes.
9. Anterior Thorax and Lungs- posterior thorax symmetrical with normal retraction of the interspaces during inspiration.no tender areas noted, chest resonance loud, lungs clear without wheezing.

10. Cardiovascular System- pt bilateral venous descents normal. Carotid pulse palpable +bruit and + thrills no irregular heart beats or heart sounds noted.

11. Abdomen-abdomen flat and symmetrical no bruits present or friction rubs noted, pt bowel sounds hyperactive, no scars noted,percussed all four quadrants pt positive for gas in RLQ. Upon light palpation no abdominal tenderness or masses noted.

12. Lower Extremities- pt has bilateral swelling to Lower extremity non pitting, ,legs symmetric not pigmentation, rashes or scars noted. Pt has bilateral femoral, popliteal and doraslis pedal pulses symetrical. Pt has no shooting or standing pain in bilateral legs , pt has bilateral varicose veins. Bilateral legs and feet has normal range of motion no pain or swelling at joints. gait steady.

13. Nervous-pt alert and oriented to person place time. Pt relaxed and cooperative, no negative flexation or extension deficits noted. Secondary to edema, muscle tone was not able to be assessed but patient was able to move all extremities with full strength and movement, cranial nerves intact no deficits noted.

STAGE OF DEVELOPMENT	**ACTUAL FINDINGS**
Erickson: Middle adulthood Generatively vs. Self-Absorption	patient is proud of his daughter and encourages and supports her throughout her college years. He also emphasized that he also makes her more responsible for her actions. Pt is very creative and writes poetry and songs for leisure.

DIETARY HISTORY

A nutritional assessment is an essential part of a complete health appraisal. Its purpose is to evaluate the client's nutritional status – the state of balance between nutrient expenditure and need.

Which is the family usual mealtime? 7pm
Do family members eat together or at separate times? together
Who does the family grocery shopping and meal preparation? He and his wife.
How much money is spent to buy goods each week? approx. 250 dollars
How most food is prepared – baked, broiled, fried, and other? all
How often does the family or the client eat out? 2-3 times a week
What kind of restaurants do you go to? chinese
What kind of foods do you typically eat at restaurants? Everything except shell fish
Do you eat breakfast? sometimes
Where do you eat lunch? At work or at home in the living room
What are your favorite foods, beverages, and snacks? Spaghetti, Snapple, ice cream
What is the average amount eaten each day? 20%
What foods are artificially sweetened? None because artificial sweeteners are cancerous
What are your snacking habits? Whenever I feel the need to have a candy bar or junk food I eat it
When are sweet foods usually eaten? Throughout the day
What are your tooth brushing habits? After every meal
What special cultural practices are followed? none
What ethnic foods are eaten? Fried chicken , macaroni and chese.
What foods and beverages do you dislike? shellfish and plain milk
Do you use bottled water for drinking? yes
Do you use a microwave for cooking and reheating foods? Just for reheating but not for cooking
How would you describe your usual appetite (hearty eater, picky eater)? Hearty eater
What are your feeding habits (eats by self, needs assistance, and special devices)? none
Do you take vitamins or other supplements; do they contain iron or fluoride? no
Are there any known or suspected food allergies? shellfish
Are you on a special diet? no
Have you lost or gained weight recently? no
Do you have any feeding problems (difficulty swallowing); any dental problems or appliances, such as dentures, that affect eating? Yes , I recently had a tooth extraction.

PROBLEM LIST

1._headaches_____

2._bilateral lower extremity swelling_____

3._hypertension_____

4._sinuus headaches_____

5._diabetes type 2_____

SUMMARY OF RECOMMENDATIONS

I recommend a dietary referral, diabetic screening, and renal diet plan secondary to pt poor eating habbits. I aslo recommend labs for cholesterol, A1C, and bun/creatinine testing. I recommend that pt gets a Venous sonogram secondary to edema and varicose veins. I recommending that the pt is referred to his primary physician for blood pressure med adjustment and monthly blood pressure checks. Suggested to pt to elevate legs to decrease edema. Because of pt's deviated septum and frequent sinus headaches I suggest CT of sinuses.

Grandmother(moms mother)
DMII
HTN

Grandmother(dads mom)
Pancreatic ca

Mother
HTN,arthritis

Father
CAD

******Patient******
Htn, gout, DMII, arthritis

Sister1
htn

Sister2
DMII, pancreatic ca- deseased.