

V I T A L S I G N S	TIME		RESP	PULSE	BP	SPO <sub>2</sub>	LOC	GCS	R PUPILS	L	SKIN	Notes
			Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	/		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp		Pupil <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Sluggish <input type="checkbox"/> <input type="checkbox"/> No Reaction <input type="checkbox"/>	<input type="checkbox"/> Cool <input type="checkbox"/> Pink <input type="checkbox"/> Warm <input type="checkbox"/> Pale <input type="checkbox"/> Hot <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Flushed <input type="checkbox"/> Dry <input type="checkbox"/> Jaundiced		
			Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	/		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp		Pupil <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Sluggish <input type="checkbox"/> <input type="checkbox"/> No Reaction <input type="checkbox"/>	<input type="checkbox"/> Cool <input type="checkbox"/> Pink <input type="checkbox"/> Warm <input type="checkbox"/> Pale <input type="checkbox"/> Hot <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Flushed <input type="checkbox"/> Dry <input type="checkbox"/> Jaundiced		
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**PHYSICAL ASSESSMENT:  
WITHIN NORMAL LIMITS (WNL) PARAMETERS**

**All Sections:** No pain, no point tenderness, no deformities, no contusions, no abrasions, no punctures, no burns, no lacerations, no swelling, no foreign objects.

**Airway:** no obstruction; nothing endangering the airway; nothing in the mouth; no loose dentures or teeth; no snoring or upper airway noise; no bleeding into the mouth.

**Breathing:** Breathing is regular and at age appropriate rate; breathing is quiet, easy and without apparent effort; chest expands equally; breath sounds are clear and equal bilaterally; no pain on inspiration or expiration; no paradoxical movement or flail sections; no crepitus; no subcutaneous emphysema.

**Circulation:** Skin is pink, warm, and dry; cap refill <3 seconds; radial pulse present; pulse is strong, regular and rate is within normal parameters for patient's age; NSA if on cardiac monitor.

**Neuro:** Alert and oriented to person, place and time; pupils equal and reactive to light; behavior appropriate to situation; able to follow directions; moves all extremities with symmetry of strength; speech is clear.

**Head/Face:** Normal alignment of teeth. Ears and nose free of clear fluid.

**Neck:** Moves all four extremities with symmetry of strength; no tingling or numbness in extremities.

**Chest:** See 'All Sections.'

**Abdomen:** Abdomen soft, nontender, no visible or palpable masses.

**Back:** Spine in normal alignment.

**Pelvis:** Not tender to compression.

**Extremities:** moves all extremities without pain; good distal pulses. Sensation intact; no numbness or tingling; Distal skin is pink, warm and dry.

**Glasgow Coma Scale**

Eye Opening	Spontaneous	4 4 4
	To Voice	3 3 3
	To Pain	2 2 2
	None	1 1 1
Verbal Response	Oriented	5 5 5
	Confused	4 4 4
	Inappropriate Words	3 3 3
	Incomprehensible	2 2 2
	None	1 1 1
Motor Response	Obeys Command	6 6 6
	Localizes Pain	5 5 5
	Withdraw (pain)	4 4 4
	Flexion (pain)	3 3 3
	Extension (pain)	2 2 2
	None	1 1 1
<b>TOTAL GCS SCORE:</b>		
<b>Total GCS Score :3-15</b>		