



King Saud University

College of Nursing

Medical Surgical Department

Practical of Health Assessment

NUR 221



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Procedure Guide and Checklist

General survey and Health History



Outline of an Adult Health History

Items

1-Biographical Data

Name, Gender, Address, occupation, language (Indicate if a translator was used), phone number, Religion , Birth date & place

2. Source of History

- Usually the person himself/herself Can be a caseworker; relative or immediate family member who has full knowledge of the patient's medical history.
- Determine communicate needs. (language, special needs)

3.Reason for Seeking Care

This is a brief statement on the person's own words that describes the reason for the visit. Usually enclosed in quotation marks and record a time frame, e.g. " I have pain in my abdomen" since 2 days

4-Present health or History of present illness

To obtain a chronologic record of the reason for seeking care from the time the symptoms first started until the time of admission/medical consult.

Final Summary of any symptoms should include these eight critical characteristics:

1. Location, Region, radiation

- ↪ Location :Be specific e.g., "pain behind the eyes"
- ↪ Radiation: "is the pain localized or radiating"
- ↪ "is the pain superficial or deep

2. Character or quality

- ↪ These calls for specific descriptive terms such as Burning, sharp, dull, aching, gnawing, throbbing, shooting
- ↪ Use images – " does blood in vomitus look like coffee grounds"?
- ↪ " does the pain feel like pressure or squeezing?

3. Quantity or severity

- ↪ Attempt to quantify the sign or symptom
- ↪ Quantify the symptoms of pain using the scale

4. Timing (Onset, Duration, Frequency)

- ↪ When did the first symptom appear?
- ↪ How long did the symptom last? (duration)
- ↪ Was it steady (constant) or did it come and go during that time (intermittent), irregular
- ↪ Did it resolve completely and reappear days or weeks later?

5. Setting

- ↪ Where the person or what was the person doing when the symptom started?
- ↪ What brings it on?

6. Aggravating or Relieving Factors

- ↪ What makes the pain worse? Is it aggravated by weather, activity, food, medication, standing, bending, fatigue, time of day, season, etc?
- ↪ What relieves it? (e.g., rest, medication, ice pack)
- ↪ What is the effect of any treatment?
- ↪ What have you tried?
- ↪ What seems to help?

7. Associated Factors

- ↪ Is this primary symptom associated with others? (e.g., urinary burning)

8. Patient's Perception

- ↪ Find out the meaning of the symptom by asking how it affects daily activities
- ↪ "What do you think it means"? This is important as this alerts you to potential anxiety.

You may find it helpful to organize this same question sequence into the mnemonic PQRSTU to help remember all the points.

P – Provocative or palliative; What brings it on? what make it better or worse?

Q – Quality or quantity; How does it look, feel, sound?

R – Region or radiation; Where is it? Does it spread anywhere?

S- Severity Scale; How bad is it? (Scale 1-10) is it getting better or the same?

T – Timing;

↪ Onset – exactly when did it occur?

↪ Duration – how long did it last?

↪ Frequency – how often does it occur?

U – Understand Patient's Perception; What do you think it means?

5-Past Health ;

- ↪ **Childhood illnesses ;** Mumps, measles, rubella, chicken pox, pertussis. Ask about serious illness that may have sequelae at later life. (rheumatic fever, scarlet fever, and poliomyelitis).
- ↪ **Accidents or injuries ;** Auto accidents, fractures, penetrating wounds, head injury (especially associated with unconsciousness), and burns.
- ↪ **Serious or chronic illnesses;** Diabetes, hypertension, heart disease, sickle-cell anemia, cancer, seizure disorder.
- ↪ **Hospitalizations;** Cause, name of hospital. How the condition was treated, how long the person was hospitalized, and the name of the physician.
- ↪ **Operations;** Type of surgery, date, name of the surgeon, and how the person recovered.
- ↪ **Obstetric history ;** Number of pregnancies (gravida) number of deliveries, (full term), (pre-term), abortions, and number of children living.
- ↪ **Immunizations;** Measles, mumps-rubella, polio, diphtheria-pertussis-tetanus, hepatitis B, etc.
- ↪ **Last examination date;** Physical, dental, vision, hearing, EKG, chest X-ray examinations.
- ↪ **Allergies ;** Note both the allergen (medications, food, or contact agent, such as fabric or environmental agent) and the reaction (rash, itching, runny nose, watery eyes, difficulty breathing) .
- ↪ **Current medication ;** Ask about vitamins, birth control pills, aspirin, antacids, prescription and over the counter medications.

6-Family History

To identify the presence of genetic and highlight those diseases and conditions for which a patient may be at increased risk. E.g. Heart disease, high blood pressure, stroke, diabetes, blood disorders, cancer, sickle-cell anemia, arthritis, allergies, obesity,

7-Personal / Social History; Cultural and religious traditions, Geographic location City vs. town, Males may answer for females

V- Past history:

Medical: no yes (specify)-----

Surgical: no yes (specify)-----

Mental illness: no yes (specify) -----

Accidents and injuries: no yes (specify)-----

Hospitalization: no yes Specify-----

Immunization: no yes unknown

VI- Family history:

Deaths: no yes (cause):relationshipAge.....

Diseases: no yes (specify)relationship..... Age.....

VII- Psychosocial history:

Educational level: illiterate elementary secondary higher education

Housing: tent apartment villa

Dependant relatives: no:.....relationship.....

Home assistance: no yes

Home condition: accommodates illness stage doesn't accommodate illness stage

depression anxiety hostility withdrawal frequent change in mood.

Vital Signs:

BP;----- **P**----- **RR**----- **Temp**----- **Pain score**-----

		VITAL SIGNS											
TIME	07												
		40											
39													
38													
37													
36													
35													
34													
200													
190													
180													
170													
160													
150													
140													
130													
120													
110													
100													
90													
80													
70													
60													
50													
40													
30													
20													
Respiration Rate													
SpO ₂													
Pain Scale													

IIX- General Survey

Instructions: follow general survey & put a mark at the term that describes your client, and specify when indicated. (WNL=Within Normal Limits)

Physical appearance

- 1-Age: the person appears _ WNL----- abnormality (specify)-----
2-Sexual development _ WNL----- abnormality (specify)-----
3-Level of consciousness: _ WNL----- abnormality (specify)-----
4-Skin: _ WNL----- abnormality (specify)-----
5-Facial features: _ WNL----- abnormality (specify)-----
6-signs of acute distress: _ WNL----- abnormality (specify)-----

Body structure

- 1-Stature - normal----- abnormal (specify)-----
2-Nutritional status: - normal----- abnormal (specify)-----
3-Symmetry: body parts look - normal----- abnormal (specify)-----
4-Posture: - normal----- abnormal (specify)-----
5-Position: the person - normal----- abnormal (specify)-----
6-Body build, contour: - normal----- abnormal (specify)-----
7-Physical deformities : -Absent _Present-----

Mobility

- 1-Gait: _ normal _ abnormal (specify) -----
2-Range of motion : _ normal _ abnormal (specify) -----
3-Involuntary movement: _ absent _ present (specify)-----

Behavior

- 1-Facial expression: - normal _ Flat _ depressed _ angry _ sad _ anxious
2-Mood and affect: the person appears -comfortable _ cooperative _ Hostile _ crying
3-Speech: -normal _ abnormal (specify)-----
4-Dress: -appropriate _ inappropriate
5-Personal hygiene: -appropriate _ inappropriate

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Adult Health assessment NUR 221
Performance Checklist
History Taking

Components of patient history	Done Correctly	Done with assistance	Not done
Biographical data			
Chief complain			
History of present illness			
Past Health history			
Family history			
Nutritional assessment *BMI			
✓ Functional Assessment (general survey)			
Vital sings			
I. PHYSICAL APPEARANCE 1. Age. 2.sex 3.Level of consciousness 4.Skin color 5.Facial features 6. Acute distress Signs.			
II. BODY STRUCTURE 1.Stature 2.Nutritional status 3.Symmetry 4.Posture 5.Position 6.Bodybuild, contour. 7.Physical deformities			
III. MOBILITY 1.Gait 2. Range of motion. 3.Involuntary movement			
IV. BEHAVIOR 1.Facial expression 2.Mood and affect 3.Speech 4.Dress 5.Personal hygiene			
Document health history and General Survey data according to designated format.			

APPENDIX

TABLE 9-1 Body Mass Index Table

BMI	Normal						Overweight						Obese								
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
Height (inches)	Body Weight (pounds)																				
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320

BMI	Extreme Obesity														
	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Body Weight (pounds)														
58	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443