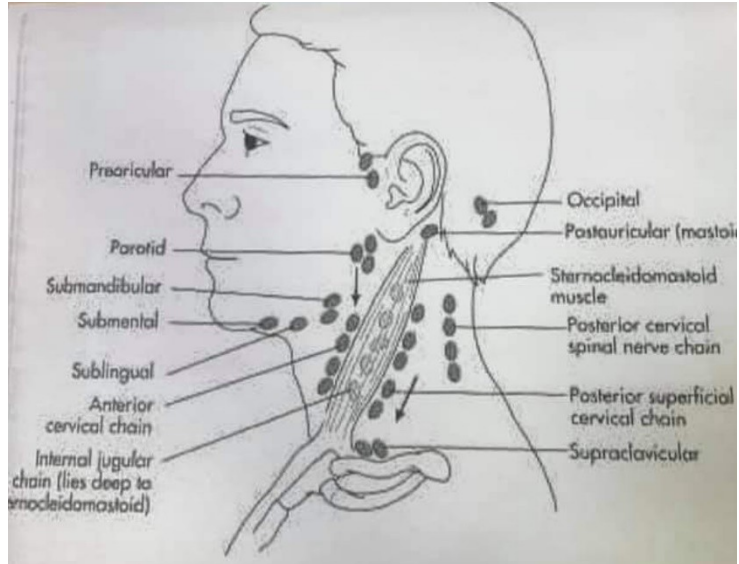


NR 509 Immersion – Physical Assessment Steps

- 1) Greet patient
- 2) Inspect face – **no discoloration or lesions present**
- 3) Inspect head – **midline, symmetrical**
- 4) Palpate lymph nodes:

- Preauricular
- Postauricular
- Occipital
- Tonsillar
- Submandibular
- Submental
- Sublingual
- Anterior cervical chain
- Posterior cervical chain
- Supraclavicular



***No enlargement, equal**

bilaterally.

5) Cranial nerve #5 (TRIGEMINAL)

- **Motor:** palpate masseter muscle and have patient clench teeth
- **no distortions, great strength**
- **Sensory:** have patient close eyes and touch face with q-tip, have them verbalize where on face you are touching
- **Pt. verbalized appropriate areas that were touched. Cranial nerve # 5 is intact.**

6) Cranial nerve # 7 (FACIAL)

- Facial expressions: smile, frown, puff cheeks—**symmetric and equal bilaterally**, pucker lips—**tight**

7) Inspect ears—**no nodules or skin lesions present, symmetrical**

- Use otoscope to inspect external auditory canal. Pull ear up and back.
- **No swelling, redness, drainage or cerumen.**
- **Tympanic membrane is pearly gray, no effusion present in middle ear.**

*Repeat on other side.