

Medical surgical nursing assessment skills essay sample

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A nurse's proper neurologic assessment skills are vital in medical surgical. The nurse needs to know how to correctly assess and evaluate the patient's neurological state in the acute care setting. In the article, Neurologic Assessment Skills for the Acute Medical Surgical Nurse, of Orthopaedic Nursing, Janet T. Crimlisk, and Margaret M. Grande (2004), explain the proper nursing assessment skills for the acute medical surgical setting.

This includes bedside assessment skills, supplemental physician tests, and a complete neurologic assessment (Crimlisk & Grande, 2004, p. 4-7). Having the knowledge and skills to properly assess a patient can alert the nurse of any negative neurological changes, and can help the nurse to care for the patient to make sure he or she has the best outcome from their care. Review of Article

Crimlisk and Grande (2004) first talk about a basic bedside assessment. They stated that, " Changes in mental status may be the earliest indication of a neurologic event and require immediate attention and intervention" (Crimlisk & Grande, 2004, p. 4). The nurse can identify neurologic changes by performing a bedside assessment. A proper bedside assessment includes: vital signs, pupillary responses, posturing response, hand grasp, muscle strength and symmetry, sensory evaluation, and an evaluation of the cranial nerves (Crimlisk & Grande, 2004).

A registered nurse may also be asked to help a physician perform neurologic tests. These include superficial cutaneous reflexes, deep tendon reflexes, and vestibular reflexes (Crimlisk & Grande, 2004). Superficial cutaneous reflexes include the gag reflex, the plantar reflex, and the anal wink reflex

(Crimlisk & Grande, 2004). The deep tendon reflexes include checking the reflexes of the “ biceps, triceps, brachioradialis, patellar, and Achilles tendon” (Crimlisk & Grande, 2004, p. 7). And the vestibular reflexes include the oculocephalic and oculovestibular reflexes (Crimlisk & Grande, 2004).

A complete neurologic assessment would include a focused history about the patient, focused physical examination, critical thinking, and documentation (Crimlisk & Grande, 2004). When performing a focused history, the nurse must look at the current neurologic problem and identify any related history (Crimlisk & Grande, 2004). For the focused physical examination, the nurse should include a general physical examination, and examinations of the musculoskeletal and neurologic systems (Crimlisk & Grande, 2004). The nurse must also make sure that his or her documentation is accurate and contains correct information (Crimlisk & Grande, 2004).

Having proper knowledge and understanding of these assessments will help the nurse to better evaluate his or her patient, access pertinent information from the patient, and to be able to carry out the proper care necessary for that patient’s needs. Application

The knowledge of neurologic assessments will help the nurse to apply the best assessments necessary in the medical surgical acute care setting. For example, if a patient had a recent laminectomy for spinal decompression, it is very important to be able to recognize any neurologic changes that may negatively impact the patient.

With a general bedside assessment, the nurse can evaluate the patient's vital signs, pupillary responses, posturing response, hand grasp, muscle strength and symmetry, and sensory and cranial nerve evaluation (Crimlisk & Grande, 2004). Findings of these assessments will help the nurse to properly care for the patient, and any abnormalities within this assessment would inform the nurse to notify the doctor and to take proper action.

Discussion

In the acute medical surgical setting, it is vital for the nurse to understand how to carry out proper neurologic assessments. Crimlisk and Grande (2004) have discussed many important neurologic points for the nurse to remember when assessing a patient.

These points include: a proper bedside assessment (appearance, mental and functional status, vital signs, pupillary and posturing responses, muscle strength, and sensory and cranial nerve evaluation), supplemental physician tests (superficial cutaneous, vestibular and deep tendon reflexes), and a complete neurologic assessment (focused history and physical examination, critical thinking and documentation) (Crimlisk & Grande, 2004). Knowing how to perform these assessments can help the nurse to properly care for the patient and alert the nurse of any abnormal findings so he or she can implement the necessary care to help the patient.

References

Crimlisk, J. T., & Grande, M. M. (2004). Neurologic assessment skills for the acute medical surgical nurse, *Orthopaedic Nursing*, 23(1), 3-9.

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