At the completion of the assessment the nurse charts the objective and subjective data collected. All charting examples in the previous chapters are acceptable methods and forms that can and will be used when working with the older adult.

Many times agencies and nurses elect to use the charting by exception method. This method reflects standards of care and predetermined assessment findings. Usually only the negative, abnormal, or significant findings are recorded in this method. The nurse must remember to include a narrative noted when a change in condition is noted.
Charting by Exception for the Older Adult

Name_________________________________________ Age ______ Gender ______ Religion ______________________

Date of Birth ______________________ Date of Visit ______________________

Reason for visit? ________________________________________________________________

Dress/hygiene: [ ] odor [ ] dirty [ ] disheveled [ ] inappropriate dress [ ] Neat/clean/appropriate

Family/caregiver interaction: [ ] disinterested [ ] hostile [ ] fearful [ ] supportive [ ] no family/caregiver present

Nutrition status: Height ______ Weight ______ BMI ______ Waist/hip ratio ______ [ ] recent weight changes

[ ] wasted appearance [ ] CAGE questionnaire

Hydration status: [ ] dry, flaky skin [ ] tenting [ ] dry mucous membranes

Vital signs:

Blood Pressure:
- Right arm: Lying _____ Sitting _____ Standing _____
- Left arm: Lying _____ Sitting _____ Standing _____

Pulse: Apical _____ [ ] irregular [ ] regular [ ] strength
- Radial _____ [ ] irregular [ ] regular [ ] strength

Temperature _____ [ ] oral [ ] aural [ ] rectal [ ] axillary

Respirations _____ [ ] irregular [ ] regular pattern: _____________

Pain/discomfort: [ ] posturing [ ] grimacing [ ] guarding [ ] relaxed

Rating on 0-10 scale ___________

Skin: [ ] redness [ ] cyanosis [ ] jaundice [ ] pallor [ ] Location _____________

[ ] decubitus ulcer Stage _____________ Size _____________

[ ] vascular ulcer Location _____________ Size _____________

[ ] wounds/abrasions [ ] bruises [ ] burns [ ] cherry angiomas [ ] senile lentigos

[ ] seborrheic keratoses [ ] acrochordons [ ] ecchymoses [ ] petechiae [ ] purpura Location _______

[ ] cool to touch [ ] warm to touch [ ] different bilaterally [ ] diaphoretic

Hair: [ ] bald [ ] thinning [ ] dry and brittle [ ] dull and coarse [ ] disheveled

Nails and Nail beds: [ ] torn/ripped [ ] thick [ ] dirty [ ] clubbed [ ] inflamed

Head and Neck: [ ] face symmetrical describe: ______________________________________________

Eyes: Right: [ ] ptosis [ ] pterygium [ ] arcus senilis [ ] cloudy pupil [ ] non reactive to light

[ ] nonconsensual response [ ] soft eyeball [ ] hard eyeball [ ] fundal abnormalities

Left: [ ] ptosis [ ] pterygium [ ] arcus senilis [ ] cloudy pupil [ ] not reactive to light

[ ] nonconsensual response [ ] soft eyeball [ ] hard eyeball [ ] fundal abnormalities

[ ] peripheral fields unequal

Last vision testing date? _________________ Snellen results? ________________________

Ears: [ ] does not hear whisper [ ] right [ ] left

[ ] Rinne test abnormal [ ] Rinne test normal

[ ] Weber test lateralization: [ ] right [ ] left [ ] none

Right ear: [ ] cerumen excessive [ ] tympanic scarring

Left ear: [ ] cerumen excessive [ ] tympanic scarring

Nose: [ ] rhinophyma [ ] dry nares [ ] excessive mucous [ ] abnormal odor perception: ______________

Mouth: [ ] pale mucous membranes [ ] red swollen gums [ ] furrows on tongue [ ] red swollen tongue

[ ] white patches on gums/tongue/palate [ ] asymmetric elevation of soft palate

[ ] Dentures: Yes _____ No _____
Charting by Exception for the Older Adult (continued)

Neck: Carotids: [ ] right bruit [ ] left bruit [ ] none
Neck veins: Lying supine [ ] flat veins [ ] distended veins
Semi-fowlers [ ] flat veins [ ] distended veins
Range of motion: [ ] restricted flexion [ ] restricted extension
[ ] restricted right lateral [ ] restricted left lateral

Cardiovascular: [ ] murmur location: __________________ grade: ___________ [ ] radiation ___________
[ ] popliteal pulse circle: not felt +1 +2 +3 Doppler
[ ] pedal pulse circle: not felt +1 +2 +3 Doppler
[ ] posterior tibial circle: not felt +1 +2 +3 Doppler
[ ] edema circle: absent +1 +2 +3 site: _______________________

Thorax: [ ] barrel chest [ ] kyphosis [ ] scoliosis [ ] pain on palpation [ ] crepitus
[ ] bruising [ ] increased tactile fremitus

Lungs: Right [ ] hyperresonance [ ] dullness [ ] rales [ ] rhonchi Lobe: _________________
[ ] increased resonance [ ] decreased resonance
Left [ ] hyperresonance [ ] dullness [ ] rales [ ] rhonchi Lobe: _________________
[ ] increased resonance [ ] decreased resonance

Vaccine: [ ] needs influenza [ ] needs pneumonia

Breasts: [ ] asymmetric [ ] lump [ ] dimpling [ ] lesion [ ] inflammation [ ] nipple drainage
[ ] nipple irregularity Location: ______________________________

Abdomen: [ ] asymmetric [ ] flaccid [ ] distended [ ] pulsatile mass [ ] tortuous veins umbilical area
[ ] bruits [ ] hypoactive bowel sounds [ ] hyperactive bowel sounds [ ] firm [ ] rigid
[ ] tender [ ] liver palpable [ ] bladder palpable

Musculoskeletal: [ ] kyphosis [ ] lordosis [ ] scoliosis [ ] pain [ ] bruing [ ] joint inflammation
[ ] joint nodules [ ] range of motion limitation Sites _________________________________
[ ] bunions [ ] toe abnormalities [ ] corns [ ] limp

Neurological and Mental Status: [ ] heel-toe imbalance [ ] ataxia
[ ] failed Romberg/eyes shut [ ] failed Romberg/eyes open
[ ] gross tremor of head, jaw, and tongue [ ] resting tremor
[ ] pill-rolling tremor [ ] arm drift [ ] muscles flaccid
[ ] grip weak circle: R L [ ] weak resistance circle: R L
[ ] altered sensation: [ ] sharp [ ] dull [ ] vibration Site: _______________________________
[ ] decreased stereognosis [ ] decreased graphesthesia [ ] decreased proprioception
[ ] hypoactive reflexes [ ] hyperactive reflexes [ ] clonus Site: __________________________
[ ] reported sleep insufficiencies altered quality (0-10) ________

Neurological and Mental Status: [ ] heel-toe imbalance [ ] ataxia
[ ] failed Romberg/eyes shut [ ] failed Romberg/eyes open
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[ ] hypoactive reflexes [ ] hyperactive reflexes [ ] clonus Site: __________________________
[ ] reported sleep insufficiencies altered quality (0-10) ________

# sleep hours at night ______ # of naps ______ duration ______
[ ] altered affect describe: _________________________________
[ ] Mini-Mental Exam score: ____________
[ ] Depression Screening score: ___________