

Head To Toe Assessment



05 Different color

Head To Toe Assessment

Name: _____ Admit Date: _____ Time: _____
Sex: _____ Age: _____ Weight: _____ Room: _____
Assessment Conducted By: _____

LEVEL OF CONSCIOUSNESS

- ☐ Alert, awake and responsive.
- ☐ Somnolent: sleeps.
- ☐ Lethargic: very drowsy, falls asleep in between care.
- ☐ Confused: note that confusion can occur anywhere along this spectrum and is not always present prior to the patient becoming somnolent, lethargic, etc.
- ☐ Stupor: difficult to arouse.

ORIENTATION

- ☐ Do you know where you are?
- ☐ Do you know what month it is?
- ☐ Who is the current U.S. president?
- ☐ What are you doing here?

A&O x4 = Oriented to Person, Place, Time and Situation.

RESPONSIVENESS

- ☐ Calm
- ☐ Cooperative
- ☐ Anxious

UPPER EXTREMITIES

- ☐ Shoulder (Strong / Weak / Unable)
- ☐ Grip strength: _____
- ☐ Range of motion: _____
- ☐ Capillary refill: _____
- ☐ Radial pulse: _____

HAIR

- ☐ Evenly distributed
- ☐ Unevenly distributed
- ☐ Neatly Groomed
- ☐ Dirty
- ☐ Clean
- ☐ Thick / Full Volume
- ☐ Sparse / hair loss
- ☐ Others: _____

HAIR

- ☐ No ☐ Yes
- ☐ Location: _____
- ☐ Intensity: _____ / 10
- ☐ Quality: _____
- ☐ Aggravating Factors: _____
- ☐ Alleviating Factors: _____
- ☐ Duration / Frequency: _____

LEG

- ☐ Skin (even, flat, dry)
- ☐ Auscultate (4 quadrants)
- ☐ Ask about BM & Urine
- ☐ Palpate

Head To Toe Assessment

LUNGS

- ☐ Unlabored
- ☐ Regular
- ☐ Rates
- ☐ Rhonchi
- ☐ Wheezing
- ☐ Coarse
- ☐ Crackles
- Shortness of breath:
☐ At rest ☐ With exertion

HEART

- ☐ HR
- ☐ Edema
- ☐ JVD
- ☐ Abnormal ECG
- ☐ Pulse Assessment
- ☐ Chest Pain
- ☐ Abnormal Heart Sounds

HEAD AND FACE

- ☐ Inspect for size, shape, and contour
- ☐ Inspect for color
- ☐ Skull is generally round with no anterior or posterior prominences.
- ☐ Facial features are less pronounced
- ☐ Facial features which may alter facial appearance: Bell's palsy, Down syndrome, Marfan's disease, Myxedema, Cushing's disease, Cushing's syndrome

GENERAL AND HEALTH

- ☐ History
- ☐ Presenting Complaint
- ☐ Chief Complaint
- ☐ Past Medical History
- ☐ Allergies
- ☐ Current Medications
- ☐ Social History
- ☐ Family History
- ☐ Review of Systems

LOWER EXTREMITIES

- ☐ Inspect plantar and inner ear

NOSE

- ☐ Assess Patency
- ☐ Ensure Sense of Smell
- ☐ Inspect Septum + Turbinates

MOUTH

- ☐ Inspect lips / Mucosa
- ☐ Assess Teeth + Gums
- ☐ Check Hard + Soft Palate

THROAT

- ☐ Inspect Uvula
- ☐ Test CN XI move tongue side to side
- ☐ Test CN XII "say ah"

EYES

- ☐ PERRLA - pupils, equal, round, reactive
- ☐ Check for tracking
- ☐ Pupillary response with pen

NECK

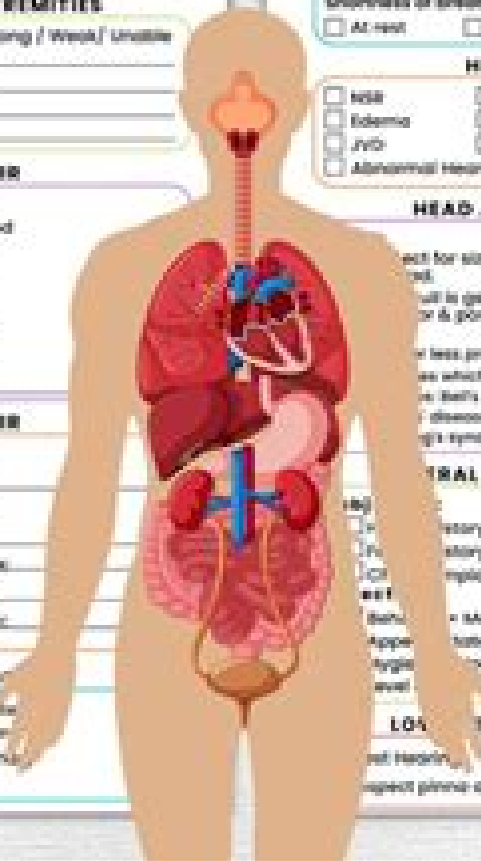
- ☐ Ask about any pain / tenderness
- ☐ Palpate throat
- ☐ ROM - "no" "yes" motion

ABDOMEN

- ☐ Observe (even, flat distended)
- ☐ Auscultate (4 quadrants)
- ☐ Ask about BM & Urinary
- ☐ Complaints, Nausea, Vomiting

VITAL SIGNS

- ☐ Temperature: _____
- ☐ Pulse: _____
- ☐ Respirations: _____
- ☐ Blood Pressure: _____



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Head To Toe Assessment Guide

Rachel S Tattersall



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