

# **Head To Toe Assessment**

## **Wash Hands**

( ) Completed - Standard Precautions

## **Introduction**

( ) Completed - Introduce self & purpose of assessment to relieve anxiety and role function identification.

## **Vital Signs**

Pulse \_\_\_\_\_ Rate, Strength, Regularity

Temperature \_\_\_\_\_ Oral, Rectal, Tympanic

B / P \_\_\_\_\_ Respiration \_\_\_\_\_

## **Orientation**

( Oriented x 4 )

What year is this ? \_\_\_\_\_

Tell me your name ? \_\_\_\_\_

Tell me where you are ? \_\_\_\_\_

Tell me why you are here? \_\_\_\_\_

## **Pupil Check**

( PERRLA ) Pupils, Equal, Round, React to light, Accommodate

Sluggish ( ) No Change ( ) Brisk ( ) Normal ( )

Accommodation Yes ( ) No ( )

## **Neck Veins**

Patient at 45° angle ( )

Neck Veins Flat ( ) Distended ( )

## **Heart Tones**

Apical Pulse with Stethoscope

Rate ? \_\_\_\_\_ Rhythm ? \_\_\_\_\_

Clarity of Sounds ? \_\_\_\_\_ Abnormal? ( )

Explain ! \_\_\_\_\_

## **Bilateral Checks**

( Radial Pulses ) - Rate, Strength, Regularity

Right \_\_\_\_\_ Left \_\_\_\_\_

( Hand Strength ) - 2 fingers only

Right Stronger ( ) Left Stronger ( ) Equal ( )

( Pedal Pulses ) - Top of Foot

Right Foot \_\_\_\_\_ Left Foot \_\_\_\_\_

( Capillary Refill ) - On fingers or toes 3 seconds or less

Right Fingers ( ) sec. Left Fingers ( ) sec.

Right Toes ( ) sec. Left Toes ( ) sec. Delay or abnormal refill return ? Yes ( ) ie.. \_\_\_\_\_

## **Skin**

Skin Turgor - 1 to 3 second return, on Sternum

Return was ( ) sec. Abnormal ( ) sec.

Skin Color - Check on inside of Lip or

Conjunctiva

Lip ( ) Conjunctiva ( )

Pink ( ) Pale ( ) Jaundice ( ) Cyanotic ( )

Skin Temperature - Use back of hand to check

Hot ( ) Warm ( ) Cool ( )

## **Breath Sounds**

Assess anterior and posterior and take deep breaths, do not move stethoscope part.

Clear Bilaterally ( ) Left only ( ) Right only

Both poor bilaterally ( ) ie.. \_\_\_\_\_

Good air flow ( ) Poor air flow ( )

## **Bowel Sounds**

Assess all 4 quadrants, do not touch disrupt normal sounds. If irregular, Umbilicus is midpoint.

( Stomach ) - Check for condition

Soft ( ) Hard ( ) Distended ( ) Other \_\_\_\_\_

RUQ Active ( ) Absent ( ) Hyperactive ( )

RLQ Active ( ) Absent ( ) Hyperactive ( )

LUQ Active ( ) Absent ( ) Hyperactive ( )

LLQ Active ( ) Absent ( ) Hyperactive ( )

## **Peripheral Edema**

Edema is found in dependent areas finger by pressing down. Observe feet, hands, sacrum. Indicate if present.

Feet Yes ( ) No ( ) Pitting ( ) R ( ) L ( )

Hands Yes ( ) No ( ) Pitting ( ) R ( ) L ( )

Sacrum Yes ( ) No ( ) Pitting ( ) Ind ( )

## **Assessing For Pain**

Where is the pain ? \_\_\_\_\_

How long has it lasted ? \_\_\_\_\_

Does the pain travel anywhere ? \_\_\_\_\_

What makes it feel better ? \_\_\_\_\_

What makes pain worse ? \_\_\_\_\_

Descrip. of pain ? Sharp ( ) Stabbing ( )

On a scale of 1 - 10, 10 being the worst

## **Skin Breakdown Check**

Check entire body for redness or skin breakdown.

Normal ( ) Abnormal ( ) Explain what is affected \_\_\_\_\_

## **Homan's Sign**

Ask patient to dorsiflex both feet.

Pain in right calf Yes ( ) No ( )

Pain in both calves Yes ( ) No ( )

## **Closure**

Let the patient know you are finished.

Bedrails up ( ) Bed in low position ( )

# **SAMPLE CHARTING ENTRY**

# Head To Toe Documentation Sample

**LL Leslie**

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