

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/sleepy.
- ☐ 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 comatose, lethargic, etc.
- ☐ Obtunded/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

- ☐ Com.
- ☐ Cooperative
- ☐ Resistant/Aggressive

UPPER EXTREMITIES

- ☐ Shoulder Strong/Strong / Weak/Unstable
- ☐ 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

- ☐ Hip (groin, flat distal)
- ☐ Ankle (groin, flat distal)
- ☐ 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
- ☐ Pulses Assessment
- ☐ Chest Pain
- ☐ Abnormal Heart Sounds

HEAD AND FACE

Inspect for size, shape, and contour

Skull is generally round with anterior & posterior prominences.

Less pronounced facial features.

Features which may alter facial appearance: Bath's palsy, Down syndrome, Marfan's disease, Karyodema, Coarctation of the aorta.

GENERAL AND HEALTH

- ☐ History
- ☐ History
- ☐ Complaint
- ☐ Behavior = Mood
- ☐ Appearance
- ☐ Hydration Level
- ☐ Level of consciousness

LOW 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 X "say ahah"

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

VITAL SIGNS

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

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TD Snyder



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