

Head-To-Toe-Assessment

→
Inspect
Palpate
Percuss
Auscultate

INTRODUCTION

- Knock
- Introduce yourself
- Wash hands
- Provide privacy
- Verify patient ID and DOB
- Explain what you are doing (using non-medical language)

ORIENTATION

- What is your name?
- 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*

"NORMAL" VITAL SIGNS

- **Pulse:** 60-100 bpm
- **Blood Pressure:** 120/80 mmHg
- **O2 Saturation:** 95-100%
- **Temperature:** 97.8-99.1°F
- **Respirations:** 12-20 breaths per min

Assess pain on a 0-10 scale

HEAD & FACE

Head

- Inspect head/scalp/hair
- Palpate head/scalp/hair

Face

- Inspect
- Check for symmetry:
 - To assess **Cranial Nerve 7**, check the following:
 - Raise eyebrows
 - Smile
 - Frown
 - Show teeth
 - Puff out cheeks
 - Tightly close eyes

Eyes

- Inspects external eye structures
- Inspect color of conjunctiva and sclera
- **PERRLA**
 - **P**upils **E**qual, **R**ound, **R**eactive to **L**ight, & **A**ccommodation

NECK, CHEST (LUNGS), & HEART

Neck

- Inspect and palpate
- Palpate carotid pulse
- Check skin/tender (under clavicles)

Posterior Chest

- Inspect
- Auscultate lung sounds in posterior and lateral chest
 - Note any crackles or diminished breath sounds

Anterior Chest

- Inspect:
 - Use of accessory muscles
 - AP to transverse diameter
 - Sternum configuration
- Palpate: symmetric expansion
- Auscultate lung sounds - anterior and lateral
 - Note any crackles or diminished breath sounds

Heart

- Auscultate heart sounds (A, P, E, T, M) with diaphragm and bell
 - Note any murmurs, wheezing, bruits, or muffled heart sounds

Example Head To Toe Nursing Assessment Guide

Padhraic Smyth



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Table of Contents Example Head To Toe Nursing Assessment Guide

1. Understanding the eBook Example Head To Toe Nursing Assessment Guide
 - The Rise of Digital Reading Example Head To Toe Nursing Assessment Guide
 - Advantages of eBooks Over Traditional Books
2. Identifying Example Head To Toe Nursing Assessment Guide
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Example Head To Toe Nursing Assessment Guide
 - User-Friendly Interface
4. Exploring eBook Recommendations from Example Head To Toe Nursing Assessment Guide
 - Personalized Recommendations
 - Example Head To Toe Nursing Assessment Guide User Reviews and Ratings
 - Example Head To Toe Nursing Assessment Guide and Bestseller Lists

5. Accessing Example Head To Toe Nursing Assessment Guide Free and Paid eBooks
 - Example Head To Toe Nursing Assessment Guide Public Domain eBooks
 - Example Head To Toe Nursing Assessment Guide eBook Subscription Services
 - Example Head To Toe Nursing Assessment Guide Budget-Friendly Options
6. Navigating Example Head To Toe Nursing Assessment Guide eBook Formats
 - ePub, PDF, MOBI, and More
 - Example Head To Toe Nursing Assessment Guide Compatibility with Devices
 - Example Head To Toe Nursing Assessment Guide Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Example Head To Toe Nursing Assessment Guide
 - Highlighting and Note-Taking Example Head To Toe Nursing Assessment Guide
 - Interactive Elements Example Head To Toe Nursing Assessment Guide
8. Staying Engaged with Example Head To Toe Nursing Assessment Guide
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Example Head To Toe Nursing Assessment Guide
9. Balancing eBooks and Physical Books Example Head To Toe Nursing Assessment Guide
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Example Head To Toe Nursing Assessment Guide
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Example Head To Toe Nursing Assessment Guide
 - Setting Reading Goals Example Head To Toe Nursing Assessment Guide
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Example Head To Toe Nursing Assessment Guide
 - Fact-Checking eBook Content of Example Head To Toe Nursing Assessment Guide
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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