



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 x3 = Oriented to Person, Place, Time and Situation.

RESPONSIVENESS

- ☐ Comatose
- ☐ Cooperative
- ☐ Irritable
- ☐ Anxious

UPPER EXTREMITIES

- ☐ Shoulder/Shoulder Girdle / 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: _____

LOWER EXTREMITIES

- ☐ Color (even, not discolored)
- ☐ Temperature (4 quadrants)
- ☐ Ask about BM & Urine
- ☐ Palpate

LUNGS

- ☐ Unlabored
- ☐ Regular
- ☐ Rales
- ☐ Rhonchi
- ☐ Wheezing
- ☐ Coarse
- ☐ Crackles

Shortness of Breath

- ☐ At rest
- ☐ With exertion

HEART

- ☐ SOB
- ☐ 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 and posterior prominences.
- ☐ Facial features are less pronounced facial features.
- ☐ Signs which may alter facial features: Battle's palsy, Down syndrome, Marfan's disease, Karyosclerosis, Cushing's syndrome

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

VITAL SIGNS

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

GENERAL AND HEALTH

- ☐ Weight
- ☐ Height
- ☐ BMI
- ☐ Blood Pressure
- ☐ Heart Rate
- ☐ Respirations
- ☐ Blood Pressure
- ☐ Skin Color
- ☐ Skin Temperature
- ☐ Skin Moisture
- ☐ Skin Turgor
- ☐ Skin Lesions
- ☐ Skin Color
- ☐ Skin Temperature
- ☐ Skin Moisture
- ☐ Skin Turgor
- ☐ Skin Lesions

LEG

- ☐ Color (even, not discolored)
- ☐ Temperature (4 quadrants)
- ☐ Ask about BM & Urine
- ☐ Palpate

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