

# 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.
- ☐ Semi-alert: 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 semi-alert, lethargic, etc.
- ☐ Stunned: 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: \_\_\_\_\_
- ☐ Shedding 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
- ☐ Inspect for symmetry
- ☐ Inspect for protrusion
- ☐ Inspect for depression
- ☐ Inspect for asymmetry
- ☐ Inspect for abnormal facial features
- ☐ Inspect for abnormal facial features
- ☐ Inspect for abnormal facial features
- ☐ Inspect for abnormal facial features

### GENERAL AND HEALTH

- ☐ Inspect for abnormal facial features
- ☐ Inspect for abnormal facial features
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### LOWER EXTREMITIES

- ☐ Inspect for abnormal facial features
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### NOSE

- ☐ Assess Patency
- ☐ Ensure Sense of Smell
- ☐ Inspect Septum + Turbinate's

### 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 ahhhh"

### EYES

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

### NECK

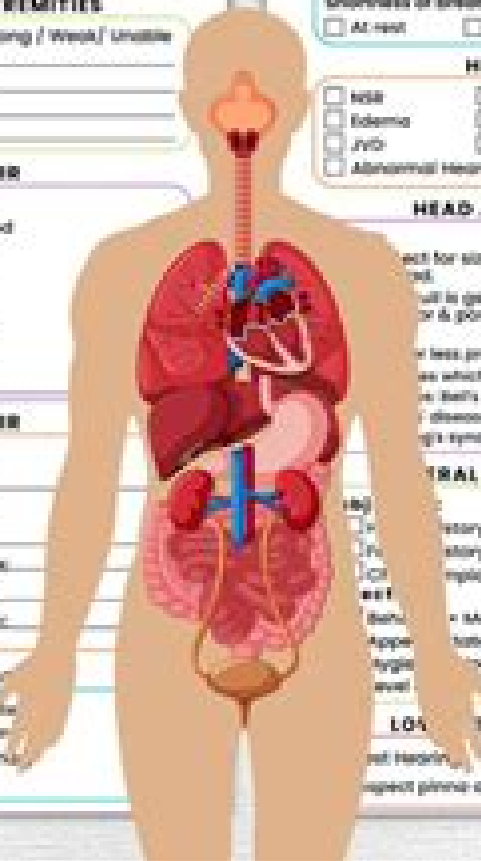
- ☐ Ask about any pain / tenderness
- ☐ Palpate throat
- ☐ ROM - "no" "yes" motion

### 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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**RM Cervero**



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