

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
- ☐ Anxious

UPPER EXTREMITIES

- ☐ Shoulder/Thrust: 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

- ☐ Skin (even, hot, dry)
- ☐ Neurovascular (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

- ☐ 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 puffy, Down syndrome, Marfan's disease, Karyosclerosis, Cushing's syndrome

GENERAL AND HEALTH

- ☐ Vital Signs
- ☐ Physical Exam
- ☐ Mental Status
- ☐ Appetite
- ☐ Hydration
- ☐ Pain
- ☐ Temperature
- ☐ Blood Pressure
- ☐ Heart Rate
- ☐ Respiratory Rate
- ☐ Oxygen Saturation
- ☐ Urine Output
- ☐ Bowel Movements
- ☐ Skin Color
- ☐ Skin Temperature
- ☐ Skin Moisture
- ☐ Skin Turgor
- ☐ Skin Lesions
- ☐ Skin Sensation
- ☐ Skin Reflexes
- ☐ Skin Response
- ☐ Skin Appearance
- ☐ Skin Condition
- ☐ Skin Color
- ☐ Skin Temperature
- ☐ Skin Moisture
- ☐ Skin Turgor
- ☐ Skin Lesions
- ☐ Skin Sensation
- ☐ Skin Reflexes
- ☐ Skin Response
- ☐ Skin Appearance
- ☐ Skin Condition

LOW EXTREMITIES

- ☐ Feet
- ☐ Ankle
- ☐ Knee
- ☐ Hip
- ☐ Pelvis
- ☐ Perineum
- ☐ Rectum
- ☐ Vagina
- ☐ Penis
- ☐ Testes
- ☐ Prostate
- ☐ Uterus
- ☐ Ovaries
- ☐ Bladder
- ☐ Kidneys
- ☐ Liver
- ☐ Gallbladder
- ☐ Pancreas
- ☐ Spleen
- ☐ Stomach
- ☐ Intestine
- ☐ Colon
- ☐ Rectum
- ☐ Vagina
- ☐ Penis
- ☐ Testes
- ☐ Prostate
- ☐ Uterus
- ☐ Ovaries
- ☐ Bladder
- ☐ Kidneys
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- ☐ Gallbladder
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- ☐ Stomach
- ☐ Intestine
- ☐ Colon
- ☐ Rectum
- ☐ Vagina
- ☐ Penis
- ☐ Testes
- ☐ Prostate
- ☐ Uterus
- ☐ Ovaries
- ☐ Bladder
- ☐ Kidneys
- ☐ Liver
- ☐ Gallbladder
- ☐ Pancreas
- ☐ Spleen
- ☐ Stomach
- ☐ Intestine
- ☐ Colon
- ☐ Rectum
- ☐ Vagina
- ☐ Penis
- ☐ Testes
- ☐ Prostate
- ☐ Uterus
- ☐ Ovaries
- ☐ Bladder
- ☐ Kidneys
- ☐ Liver
- ☐ Gallbladder
- ☐ Pancreas
- ☐ Spleen
- ☐ Stomach
- ☐ Intestine
- ☐ Colon
- ☐ Rectum
- ☐ Vagina
- ☐ Penis
- ☐ Testes
- ☐ Prostate
- ☐ Uterus
- ☐ Ovaries
- ☐ Bladder
- ☐ Kidneys
- ☐ Liver
- ☐ Gallbladder
- ☐ Pancreas
- ☐ Spleen
- ☐ Stomach
- ☐ Intestine
- ☐ Colon
- ☐ Rectum
- ☐ Vagina
- ☐ Penis
- ☐ Testes
- ☐ Prostate
- ☐ Uterus
- ☐ Ovaries
- ☐ Bladder
- ☐ Kidneys
- ☐ Liver
- ☐ Gallbladder
- ☐ Pancreas
- ☐ Spleen
- ☐ Stomach
- ☐ Intestine
- ☐ Colon
- ☐ Rectum
- ☐ Vagina
- ☐ Penis
- ☐ Testes
- ☐ Prostate
- ☐ Uterus
- ☐ Ovaries
- ☐ Bladder
- ☐ Kidneys
- ☐ Liver
- ☐ Gallbladder
- ☐ Pancreas
- ☐ Spleen
- ☐ Stomach
- ☐ Intestine
- ☐ Colon
- ☐ Rectum
- ☐ Vagina
- ☐ Penis
- ☐ Testes
- ☐ Prostate
- ☐ Uterus
- ☐ Ovaries
- ☐ Bladder
- ☐ Kidneys
- ☐ Liver
- ☐ Gallbladder
- ☐ Pancreas
- ☐ Spleen
- ☐ Stomach
- ☐ Intestine
- ☐ Colon
- ☐ Rectum
- ☐ Vagina
- ☐ Penis
- ☐ Testes
- ☐ Prostate
- ☐ Uterus
- ☐ Ovaries
- ☐ Bladder
- ☐ Kidneys
- ☐ Liver
- ☐ Gallbladder
- ☐ Pancreas
- ☐ Spleen
- ☐ Stomach
- ☐ Intestine
- ☐ Colon
- ☐ Rectum
- ☐ Vagina
- ☐ Penis
- ☐ Testes
- ☐ Prostate
- ☐ Uterus
- ☐ Ovaries
- ☐ Bladder
- ☐ Kidneys
- ☐ Liver

Nursing Assessment Guide

Janet Weber



Nursing Assessment Guide:

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Essentials of Correctional Nursing Lorry Schoenly, Catherine M. Knox, 2012-08-14 Print CourseSmart

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Table of Contents Nursing Assessment Guide

1. Understanding the eBook Nursing Assessment Guide
 - The Rise of Digital Reading Nursing Assessment Guide
 - Advantages of eBooks Over Traditional Books
2. Identifying 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 Nursing Assessment Guide
 - User-Friendly Interface
4. Exploring eBook Recommendations from Nursing Assessment Guide
 - Personalized Recommendations
 - Nursing Assessment Guide User Reviews and Ratings
 - Nursing Assessment Guide and Bestseller Lists
5. Accessing Nursing Assessment Guide Free and Paid eBooks

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