

Head-to-Toe Assessment

Assessment conducted by _____

LOC

Alert Drowsy Lethargic Incontinent Coma

Orientation

- Person _____
- Place _____
- Time _____
- Situation _____

Vitals

Temp _____ R _____

BP _____ Pulse On _____

Head

- Hair _____
- PERRLA _____
- Nose _____
- Ears _____
- Mouth
 - Mucous membranes _____
 - Moist _____
 - Lesions _____
 - Dentition _____

Neck

Carotid pulse _____ JVD + Trachea midline

Chest

- Apical Pulse _____ Muffled Anhectic
- Breath Sounds - Adventitious
 - Crackles _____
 - Wheezes _____
- Chest Symmetry _____
- Skin Turgor (skin tics) _____

Abdomen

- Inspection _____
- Auscultation
 - LUG (active / hyper / absent)
 - RUG (active / hyper / absent)
 - LLQ (active / hyper / absent)
 - RLQ (active / hyper / absent)
- Palpation _____

Upper Extremities

- Radial pulses equal, +2
 - Other _____
- Temp vs. trunk (warm / cool)
- Cap-refill and strength _____
- Capillary refill <3 sec
- Vasc filling rapid

Date: _____

Time: _____

Lower Extremities

- Hair present
- Edema _____
- Foot strength
- Homan's (+ / -) / Classification (+ / -)
- Temp vs. Trunk (warm / cool)
- Nails Yellowed Thickened Ingrown

Dorsal pulse (brach / poplite / tibial / pedal)

ROM		Strength	
<input type="checkbox"/> Upper R _____	<input type="checkbox"/> Upper R _____	<input type="checkbox"/> Upper L _____	<input type="checkbox"/> Upper L _____
<input type="checkbox"/> Lower R _____	<input type="checkbox"/> Lower R _____	<input type="checkbox"/> Lower L _____	<input type="checkbox"/> Lower L _____
<input type="checkbox"/> Ankle _____			

General Assessment

Weight/Height _____

BMI _____

Pain Assessment

- Acute/Chronic Intensity (0-10) _____
- Location _____
- Duration _____
- Characteristics _____
- Precipitation _____
- Frequency _____
- Non-verbal _____
- Relief factors _____
- Sleep _____

Wound Assessment

Description _____
