

Head-to-Toe Assessment

Assessment conducted by _____

Date: _____

Time: _____

LOC

Alert Drowsy Lethargic Stuporous Coma

Orientation

Person _____
 Place _____
 Time _____
 Situation _____

Vitals

Temp _____ R _____
 BP _____ Pulse Ox _____

Head

Hair _____
 PERLA _____ mm
 Nose _____
 Ears _____
 Mouth _____
 o Midline tongue _____
 o Moist _____
 o Lesions _____
 o Dentition _____

Neck

Lower Extremities

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

Pedal pulse R(palp / doppler) L(palp / doppler)

ROM

Upper R _____ Upper L _____
 Lower R _____ Lower L _____
 Sensation _____

Strength

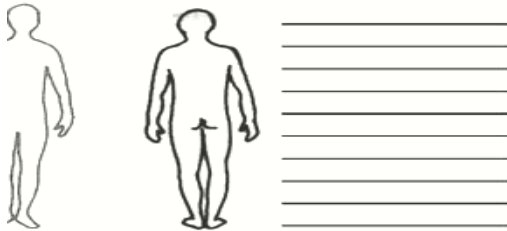
General Assessment

Weight/Height _____
 BM _____

Pain Assessment

Acute/Chro

Frequency _____
Non-verbals _____
Relief factors _____
Sleep _____
Assessment
Description: _____



Chest symmetry _____
 Skin Turgor (clavicle) _____
Abdomen
 Inspection _____
 Auscultation _____
 o LUQ (active / hyper / absent)
 o RUQ (active / hyper / absent)
 o LLQ (active / hyper / absent)
 o RLQ (active / hyper / absent)
 Palpation _____

Upper Extremities

Radial pulses equal, +2
 o Other: _____
 Temp vs. trunk (warm / cool)
 Grip equal and strong _____
 Capillary refill <3 sec
 Vein filling rapid

I
 F
 S
Skin
 I