

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 O₂ _____

Head

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

Neck

- Carotid pulse ____ JVD + Trachea midline

Chest

- Apical Pulse _____ Muffled Arrhythmia
- Breath Sounds - Anterior _____
Posterior _____ Lateral _____
- 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 _____

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

- Upper R _____
- Upper L _____
- Lower R _____
- Lower L _____

General Assessment

- Weight/Height _____
- BM _____

Pain Assessment

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

Skin Assessment

- Description: _____

