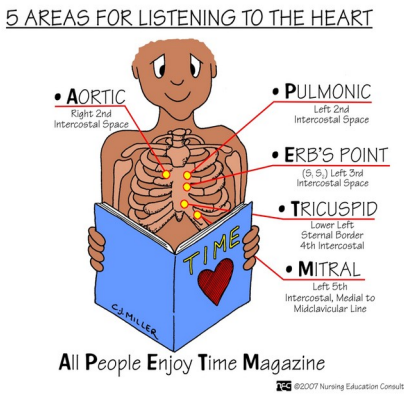
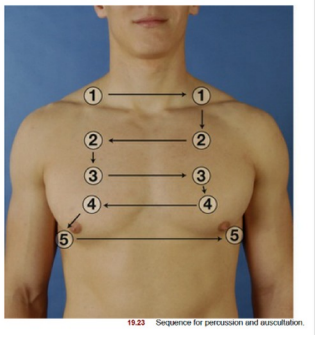
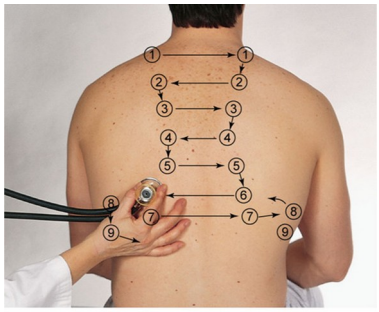
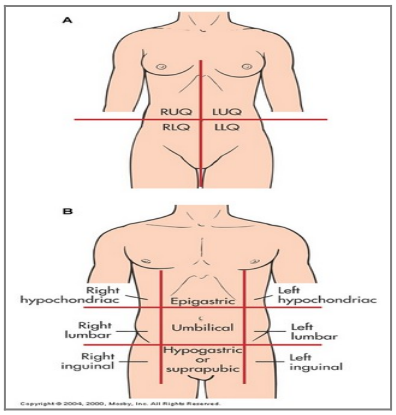
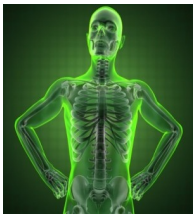
Beebe Healthcare
Margaret H. Rollins School of Nursing
N101 – Foundations of Nursing

Clinical Guide – Head to Toe Assessment

**Bring this guide to assessment lab practice & place in clinical binder*

Assessment	Instructions	Comments
Introduction  	• **Hand hygiene** • Greet your client by stating your name & role of student nurse (**utilize AIDET**) • Assess name, dob, allergies • Build rapport with the client • **Provide privacy** & explain the purpose of the assessment • Observe general appearance & behavior • **Pain Assessment** (numeric scale 0-10) • **IV site, lines, gtts**	• **When you are ready to do more in-depth assessments you can say to your client:** "I need to listen to your heart, lungs, abdomen, and check your circulation. Since I am learning, it will take me longer than the nurse. I may need to have my instructor come in and listen. This does not mean anything is wrong. I am just checking to be sure I am hearing things correctly".
Neuro 	• Orientation – person, place, time, & situation • Pupils (PERRLA) • Recent memory & remote memory • Speech – clear, rambling, slurred • Facial Symmetry/Expression • Sensation • Coordination	• **Recent** memory-"What did you have for breakfast"? • **Remote** memory -"Where were you born"?
Cardiac  	• Heart Sounds: o S1 @ apex 5th ICS MCL o S2 @ base 2nd ICS • Apical rate & rhythm • Skin temperature • Pulses-carotid, radial, pedal, posterior tibial • Skin Turgor (anterior arm) • Edema (shin bone) • Capillary refill in upper & lower extremities	• **Best position**-supine ***During lab instructor counts radial while student auscultates apical.*** • **Temperature** & Moisture-"skin warm & dry" • **Palpate pulses bilaterally** & simultaneously except for the carotids. • If elderly client, you may use the sternum for **skin turgor** if forearm inelastic • **Edema-**pretibial & feet, press 5 seconds each area & document depth:

Pulmonary  	• Auscultate anteriorly & posteriorly • Check pulse ox 	• **Listen anteriorly** & if easy for client to sit up then posteriorly. *If client has limited movement, can save posterior lung assessment till end - **but you must perform posterior assessment**.* • **Best position**-sitting up with arms crossed in lap. (expands chest) *Review your notes for adventitious sounds.*
Abdomen  	• Auscultate **all 4** quadrants • Palpate for tenderness • Palpate for bladder distention • Ask last BM & voiding habits	• **Listen** for bowel sounds *Hypoactive, active, hyperactive, absent* • **Listen for 5 minutes** to declare absent • Sounds occur every 5-15 seconds • Sounds like clicks & gurgles • Auscultate before palpating
Musculoskeletal 	• Assess muscle strength & ROM in **all** extremities • Assess gait	• **Strength-**Cross fingers before client squeezes • Perform push/pull hands & feet • Assess shoulder resistance • **Gait**-steady or unsteady, needs assistance or device