

Instructional Module 1
Head-to-Toe Assessment Checklist

Y/ N	Assessment Component	Instructor Comments
	Alert and Oriented x4: Ask name, date of birth, current date, current location, event	
	Inspect scalp	
	Use penlight to assess PERRLA and cardinal gaze	
	Use penlight to check ears	
	Use penlight to check nose	
	Use penlight to check mouth	
	Smile and show teeth	
	Tongue out, side to side, roof of mouth	
	Eyebrow raise/wrinkle forehead	
	Inspect and palpate neck	
	Carotid pulses one at a time	
	Neck ROM (if not done with head inspection)	
	Shoulder shrug	
	Turgor	
	Heart sounds: four locations (clean stethoscope)	
	Anterior lung sounds: 7 places- start on left side	
	Inspect abdomen	
	Auscultate abdomen starting in RLQ and move clockwise	
	Palpate abdomen starting in RLQ and move clockwise	
	Ask about bowel and urine habits	
	Posterior lung sounds: 10 places- start on left side	
	Inspect skin on back	
	Inspect skin of BUE	
	BUE ROM	
	Wrist ROM	
	Hand grasp	
	BUE flexion/extension	
	Palpate radial pulses at same time	
	BUE Capillary refill	
	BUE Nail shape/nail clubbing	
	Inspect skin of BLE	
	BLE ROM	

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	Ankle circles	
	Toe wiggle	
	BLE flexion/extension	
	Palpate pedal pulses at same time	
	BLE Capillary refill	
	BLE nail shape	
	Inspect urethral meatus and perineal area	