Firelands Regional Medical Center
School of Nursing

Performing a Basic Head to Toe Assessment

Student Name _____ Date _____

Goal: The assessment is completed without the patient experiencing anxiety or discomfort; findings are accurate and communicated appropriately.

Edvance360 Video Resources- Basic Head to Toe Assessment video		**S**	**NI/U**
1.	Gather equipment for vital signs, penlight, stethoscope, and watch with second hand		
2.	Identify patient, introduce self, explain purpose of the assessment, answer questions		
3.	Provide patient privacy by closing curtain around bed		
4.	Perform hand hygiene and put on gloves as appropriate		
5.	Adjust bed position and height		
ASSESS VITAL SIGNS			
6.	Obtain vital signs – T, P, R, BP, and SpO2		
7.	Assess pain (rating, location, type, duration, associated symptoms, aggravating factors, etc.)		
SKIN (anterior and posterior)			
8.	Continuous observation of the skin throughout the assessment- including behind the ears, perineal area, and bony prominences (heels, elbows, coccyx), etc.		
9.	Inspect skin color and turgor; palpate skin for temperature and moisture		
10.	Inspect skin intactness – lesions, wounds, rash, ecchymosis, erythema; presence of dressings, drains, tubes –IV, foley, oxygen, etc.		
NEURO			
11.	Establish LOC – Alert, Responds to Verbal Stimuli, Responds to Painful Stimuli Only, Unresponsive		
12.	Establish orientation to person, place, and time – Oriented, Disoriented, Inappropriate, Incomprehensible, No verbalization		
13.	Assess speech- clear, aphasic, garbled, slurred, etc.		
14.	Observe motor response- moves all extremities to command		
15.	Assess sensation of extremities- presence of numbness, tingling, burning, etc.		
HEAD			
16.	Inspect facial symmetry – smile, eye brow lift		
17.	Observe eyes for sclera and conjunctiva color		
18.	Observe pupil size, symmetry, shape, reactivity to light, and accommodation		
19.	Assess mouth (oral mucosa color, moisture, intactness, and teeth)		
UPPER EXTREMITIES			
20.	Palpate radial and brachial pulses bilaterally – noting regularity and strength		
21.	Compress nail bed for capillary refill bilaterally		
22.	Evaluate hand grasp for equality in strength		
23.	Assess ROM for shoulders and elbows		
CHEST			
24.	Inspect breathing pattern- symmetry of chest movement, depth of respirations, ease of breathing, presence of cough, sputum		
25.	Auscultate heart sounds – aortic, pulmonic, tricuspid, and mitral		
26.	Auscultate anterior breath sounds (6 locations)		
27.	Auscultate lateral breath sounds (1 location bilaterally)		
28.	Auscultate posterior breath sounds (6 locations)		
ABDOMEN			
29.	Last BM, usual bowel habits		
30.	Presence of nausea, vomiting, flatus, diarrhea, constipation		
31.	Inspect abdominal contour		
32.	Auscultate bowel sounds in four quadrants		
33.	Palpate the four quadrants of the abdomen- note firmness, tenderness, and distension		

GENITOURINARY			
34.	Assess for changes with urination- frequency, burning, urgency, incontinence, nocturia, etc.		
35.	Assess for presence of urinary tubes/catheters and the necessity to remain in place		
36.	Assess urine color and appearance		
LOWER EXTREMITIES			
37.	Inspect for skin integrity and edema		
38.	Assess ROM for hips and knees		
39.	Compress nail bed for capillary refill bilaterally		
40.	Palpate dorsalis pedis & posterior tibial pulses– noting regularity and strength		
41.	Assess planter & dorsal flexion		
SAFETY			
42.	Fall within the last 6 months		
43.	Gait, use of ambulatory aid		
44.	Note number of side rails up and bed position		
45.	Cover the patient and help him or her to a position of comfort.		
46.	Lower the bed and put the side rail up.		
47.	Discuss findings with the patient.		
48.	Remove gloves. Perform hand hygiene. Cleanse equipment.		
49.	Compare VS and assessment to the patient's baseline data. Report abnormal data.		
50.	Document VS and assessment in the computer.		

Each item must be completed at a Satisfactory level in order to obtain an overall Satisfactory on this skill. You may receive up to two general prompts from the faculty following completion of the skill. Any items that were omitted or performed incorrectly and not addressed to a satisfactory level during prompting will be evaluated as unsatisfactory and your overall evaluation will result in an Unsatisfactory. Unsatisfactory evaluation will require remediation and satisfactory re-demonstration of the skill.

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Faculty Signature _____ Overall Evaluation _____