

**Bedside Physical Exam Check Off**

Student Name: *Emily Hines*

Semester: *Fall 2025*

Assessment Performed	Date Completed and Instructor Initials	Satisfactory (S) or Unsatisfactory (U)	Instructor Comments
<b>General Survey/Introduction</b> <input checked="" type="checkbox"/> Hand hygiene <input checked="" type="checkbox"/> Knock on the door <input checked="" type="checkbox"/> Introduce yourself to the client and provide privacy <input checked="" type="checkbox"/> Let the client know what you will be doing and why <input checked="" type="checkbox"/> Note level of consciousness (A/O x4-person, place, time, situation) <input checked="" type="checkbox"/> How does your client look (ex: not in acute distress, resting comfortably)? <input checked="" type="checkbox"/> Make good eye contact with the client	<u>Attempt 1</u> <i>12/3/25</i> <i>DL</i>	<u>Attempt 1</u> <i>S</i>	<u>Attempt 1</u> <i>Very Thorough</i>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>Head and Neck</b> <input checked="" type="checkbox"/> Inspect head for size/shape/symmetry <input checked="" type="checkbox"/> Inspect face for color, lesions, symmetry, facial hair <input checked="" type="checkbox"/> Inspect and palpate for tracheal deviation <input checked="" type="checkbox"/> Inspect and palpate lymph nodes <input checked="" type="checkbox"/> Palpate Carotid Artery (one at a time)	<u>Attempt 1</u> <i>12/3/25</i> <i>DL</i>	<u>Attempt 1</u> <i>S</i>	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>Eyes</b> <input checked="" type="checkbox"/> Inspect external eye <input checked="" type="checkbox"/> Inspect for eye symmetry <input checked="" type="checkbox"/> Inspect color of the sclera and cornea <input checked="" type="checkbox"/> Inspect pupils for size <input checked="" type="checkbox"/> Assess PERRLA <input checked="" type="checkbox"/> Assess extraocular movements (EOMs)	<u>Attempt 1</u> <i>12/3/25</i> <i>DL</i>	<u>Attempt 1</u> <i>S</i>	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>Ears</b> <input checked="" type="checkbox"/> Inspect external ear for lesions, bumps, deformities <input checked="" type="checkbox"/> Assess hearing based on a conversation with the client	<u>Attempt 1</u> <i>12/3/25</i> <i>DL</i>	<u>Attempt 1</u> <i>S</i>	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>

	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>Nose</b> <input checked="" type="checkbox"/> Inspect for symmetry <input checked="" type="checkbox"/> Inspect for drainage <input checked="" type="checkbox"/> Palpate frontal and maxillary sinuses <input type="checkbox"/>	<u>Attempt 1</u> 12/3/25 DK	<u>Attempt 1</u> S	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>Mouth/Throat</b> <input checked="" type="checkbox"/> Inspect lips/oral cavity for color, intact, moisture, lesions <input checked="" type="checkbox"/> Assess tongue is midline <input checked="" type="checkbox"/> Assess speech by talking with client	<u>Attempt 1</u> 12/3/25	<u>Attempt 1</u> S	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>Skin</b> <input checked="" type="checkbox"/> Inspect skin color: olive, pallor, fair, pink, yellow, light brown, dark brown, tan <input checked="" type="checkbox"/> Inspect for wounds, rashes, lesions, scars, and redness over bony areas, etc. <input checked="" type="checkbox"/> Inspect hair <input checked="" type="checkbox"/> Inspect nails for color <input checked="" type="checkbox"/> Palpate skin temperature and moisture <input checked="" type="checkbox"/> Palpate skin turgor	<u>Attempt 1</u> 12/3/25 DK	<u>Attempt 1</u> S	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>Peripheral Vascular</b> <input checked="" type="checkbox"/> Inspect upper and lower extremities for symmetry, deformities, lesions, wounds, rashes, color, edema, and hair growth <input checked="" type="checkbox"/> Palpate all pulses (Radial, ulnar, brachial, popliteal, posterior tibial, dorsalis pedis) <input checked="" type="checkbox"/> Palpate and assess capillary refill <input checked="" type="checkbox"/> Palpate extremities for edema and temperature	<u>Attempt 1</u> 12/3/25 DK	<u>Attempt 1</u> S	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>

	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>Cardiac</b> <input checked="" type="checkbox"/> Inspect neck for Jugular Vein Distention <input checked="" type="checkbox"/> Inspect and Palpate apical pulse or PMI <input checked="" type="checkbox"/> Auscultate heart sounds (APE To Man: Aortic, Pulmonic, Erb's, Tricuspid, Mitral)	<u>Attempt 1</u> 12/3/25 SK	<u>Attempt 1</u> 	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>Respiratory</b> <input checked="" type="checkbox"/> Inspect chest shape <input checked="" type="checkbox"/> Inspect breathing effort (retractions) <input checked="" type="checkbox"/> Auscultate breath sounds anterior and posterior in all lung fields bilaterally	<u>Attempt 1</u> 12/3/25 SK	<u>Attempt 1</u> 	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>GI/GU</b> <input checked="" type="checkbox"/> Inspect the abdomen for lesions, scars, distention/shape <input checked="" type="checkbox"/> Auscultate bowel sounds in all 4 quadrants <input checked="" type="checkbox"/> Palpate abdomen for tenderness/mass enlargement <input checked="" type="checkbox"/> Assess last bowel movement and characteristics of stool <input checked="" type="checkbox"/> Assess/ask about color and consistency of urine <input checked="" type="checkbox"/> Ask the client about any changes to urination: frequency, urgency, hesitation, burning, blood present, trouble starting a stream, weak stream, intermittent stream, etc.	<u>Attempt 1</u> 12/3/25 SK	<u>Attempt 1</u> 	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>

<b>Musculoskeletal</b> <input checked="" type="checkbox"/> Hand grasp <input checked="" type="checkbox"/> Push against resistance arms <input checked="" type="checkbox"/> Range of motion (ROM) in shoulders, elbow, hips, knees, ankles <input checked="" type="checkbox"/> Assesses pedal pushes and pulls for lower extremity strength <input checked="" type="checkbox"/> Assess client gait by having client walk <input checked="" type="checkbox"/> Assess balance	<u>Attempt 1</u> 12/3/25 AK	<u>Attempt 1</u> S	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>Neurological</b> <input checked="" type="checkbox"/> Assess 12 cranial nerves <input checked="" type="checkbox"/> Assess mental status <input checked="" type="checkbox"/> Assess level of consciousness <input checked="" type="checkbox"/> Orientation <input checked="" type="checkbox"/> Evaluate speech <input checked="" type="checkbox"/> Assess PERRLA <input checked="" type="checkbox"/> Assess Babinski reflex	<u>Attempt 1</u> 12/3/25 AK	<u>Attempt 1</u> S	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>
<b>Head to toe documentation</b> <input checked="" type="checkbox"/> Documentation of complete assessment	<u>Attempt 1</u> 12/4 JS	<u>Attempt 1</u> S	<u>Attempt 1</u>
	<u>Attempt 2</u>	<u>Attempt 2</u>	<u>Attempt 2</u>
	<u>Attempt 3</u>	<u>Attempt 3</u>	<u>Attempt 3</u>

**NOTES:**

Very thorough assessment. Great job!  
 Only comment - try not to discuss your personal assessment -> focus on the patient.  
 I'm very impressed with how well you performed.

Skamradt 1330 12/3/25