Head to Toe Assessment

Student Name:	_ Student Signature	»:			
Evaluator Signature: 1st attempt	_Date:	☐ Satisfactory*		Unsati	sfactory^
Evaluator Signature: 2 nd attempt	_Date:	☐ Satisfactory*		☐ Unsatisfactory^	
Evaluator Signature: 3 rd attempt Date: □ Satisfactory* * Critical Behaviors that need to be stated or done in order to pass theskill.		☐ Unsatisfactory^		sfactory^	
PERFORMANCE BEH	IAVIORS		S*	U^	COMMENTS
Planning 1. Gather equipment needed for assessment a. Stethoscope b. Appropriate sized blood pressure cuff c. Pulse Oximeter d. Penlight e. Thermometer f. Gloves					
2. Upon entering the patient's room: a. **Perform hand hygiene b. Identify self c. **Identify patient using 2 forms of ID (name and d. **Verify patient allergies e. Assure privacy f. **Explain what is about to occur g. Allow for patient questions h. Raise bed to comfortable working height i. Don gloves					
Assessment 3. **Assess level of consciousness and orientation to pe	erson, time and place.				
4. Perform assessments for pain, pulse oximetry, blood ptemperature.	pressure, pulse, respirator	y rate, and			
5. Assess head and PERRLA (Pupils Equal, Round, Rea a. Observe for any gross abnormalities of the head an		odation)			
6. **Throughout assessment observe and note condition o	of hair, skin and nails.				
 7. ** Assess and compare bilateral upper extremities for a. Hand grasps for equality and strength b. Temperature and color c. Radial pulses d. Capillary refill e. Sensation 	r:				
8. **Assess apical pulse. a. Auscultate heart sounds at left mid-clavicular line impulse (PMI). b. Listen for one full minute, noting rate and regular	•	oint of maximal			
 9. **Assess lungs. a. Listen and observe rise and fall of chest and cour b. Auscultate breath sounds. 1. Assess anterior chest in 4 sites and 2 laterals 2. Assess posterior chest in 4 sites and 2 laterals 	sites.				

^{**}Critical Behaviors that need to be stated or done in order to pass the skill.

PERFORMANCE BEHAVIORS	*S	*U	COMMENTS		
10. **Assess abdomen (Inspection, Auscultation, Palpation)					
a. Auscultate for bowel sounds in all four quadrants					
b. Palpate abdomen for firmness, tenderness, and lower abdomen for bladder distention.					
11. **Assess and compare bilateral lower extremities for					
a. Movement and strength					
b. Temperature and color					
c. Dorsalis pedis and posterior tibial pulses					
d. Capillary refill					
e. Sensation					
12. Assess posterior lung sounds (if not done previously) and skin					
13. **Check equipment related to the patient					
a. IV? Solution, rate, site.					
b. O2? Setting/type					
c. Drains (including urinary catheter).					
14. Survey the environment for safety concerns.					
a. **Reposition patient for comfort and safety					
15. Prior to leaving room					
a. **Lower bed					
b. **Raise appropriate bed rails					
c. **Place call light and patient belongings within reach					
d. **Perform hand hygiene					
e. Gather and remove equipment					
<u>Evaluation</u>					
16. **Document assessment per facility policy					
*S = Satisfactory, ^U = Unsatisfactory					
**Critical Behaviors that need to be stated or done in order to pass the skill.					
Critical Benariors that need to be stated or done in order to pass the SKIII.					

17. Write a sample nursing note: