

# Head to Toe Assessment (Adult – Bedside)

Validate in 211L, 481L, 498L  
Practice in 101L, 121L, 210L

Student:

		Faculty Evaluation
<b>NPSG</b>	Wash hands per CDC guidelines	
<b>NPSG</b>	Introduce yourself	
<b>NPSG</b>	Identify patient correctly using two identifiers (check to chart)	
<b>NPSG</b>	Verify allergy status	
	Provide for patient privacy	

## General Survey

Assess level of consciousness: Alert & Oriented x 4 (person, place, time, situation), recent/remote memory	
Assess overall demeanor of patient: Mood/affect, personal hygiene	
Assess communication: Speech (slurred), able to articulate, hearing (Hearing aids or HOH), vision	
Pain: Severity utilizing 0-10 scale	

## Head and Neck

Inspect: Head for bumps, if needed – check hair distribution, infestations and skin integrity	
Inspect: Ears for drainage, placement, tenderness and any abnormalities	
Inspect: Face – check for symmetry – facial droop, color (pale, flushed, jaundice)	
Inspect: Eyes - redness, discharge – contacts, glasses, sclera, extra ocular movements, pupil size, PERRLA	
Inspect: Nose – overall condition, any drainage, patency (if applicable)	
Inspect: Mouth and gums for moisture, cracked lips, bleeding gums, tongue (swollen), can patient swallow, do they wear dentures, does the tongue move appropriately, breath odor	
Inspect: Neck – swollen lymph nodes – note size and location if present, JVD, goiter, deviated trachea	
Palpate: Head or neck if obvious abnormalities present	
Ask: Facial sensation, ability to smell, difficulty seeing, blurred vision, double vision, HOH	

## SKIN

Inspect: Skin for breakdown – note location and descriptors if present	
Inspect: Color –cyanotic, bruising, pale, jaundice	
Palpate: Skin for temperature – use dorsal part of hand – cool, clammy, hot, dry	
Palpate: Turgor	

## Upper Extremities

Inspect: ROM, symmetry of extremities able to perform ADL's, shoulders raise and lower, joints stiff or swollen, nails pink, no clubbing noted	
Palpate: IV Site for tenderness and warmth if applicable	
Palpate: Radial, brachial, ulnar pulses bilaterally – check for deficit	
Palpate: Muscle strength in hands	
Palpate: Capillary refill in fingers - brisk, +1, +2 etc	

## Thorax, Heart and Lungs

Inspect: Thorax (chest cavity), symmetry, bruising, surgery scars, inspiration and expiration, use of accessory muscles	
Palpate: Chest wall for tenderness if indicated	
Auscultate: Heart sounds Apical (PMI)	
Auscultate: Anterior lung fields in 6 places (including laterals)	
Ask: Tobacco use or other substances, respiratory conditions, cough, mucus production, use of O <sub>2</sub>	

## Back

Inspect: Position of spine, bruising scaring, skin breakdown (includes the coccyx)	
Palpate: Back for tenderness including costovertebral if indicated	
Auscultate: Posterior lungs fields in 8 places including bases (avoid bone)	

**Abdomen (Gastrointestinal) (Genitourinary)**

Inspect: Abdomen for bulging masses, distention, bruising, tubes or drains, scars	
Auscultate: Bowel sounds in 4 quadrants – start in RLQ for hypo, hyper or normal	
Percuss: Abdominal quadrants for dull or tympanic sounds if indicated	
Palpate: Abdominal quadrants for masses or tenderness if indicated	
Ask: Presence of nausea/vomiting, difficulty eating, last BM (was it normal for patient)	
Inspect: Perineal area for skin breakdown, presence of foley catheter, and overall cleanliness	
Ask: Presence of pain with urination, blood in urine, dark colored urine, foul odor, frequency, hesitation or burning with urination	

**Lower Extremities**

Inspect: Legs for symmetry, ROM, muscle strength, hips for stiffness and/or pain, skin for color, temp, bruising, and skin breakdown, hair distribution	
Inspect: Calves for heat, redness, swelling	
Inspect: Feet – overall condition, bony prominences for skin breakdown, nails	
Palpate: Edema	
Palpate: Dorsalis pedis, post tibial and if needed popliteal pulses bilaterally	
Palpate: Capillary refill in toes – brisk, +1, +2 etc.	
Ask: Ability to ambulate, use of assistive devices, and if there are any difficulties with gait (Romberg test if indicated)	

**Safety Risks**

<b>NPSG</b>	Ask: Suicidal Ideations (Do you have a plan to hurt yourself, or others)	
	Fall risk: Complete fall assessment as indicated	

**Abuse**

Ask: History of abuse (Do you feel safe here, or at home)	
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<b>NPSG</b>	Wash Hands per CDC Guidelines	
<b>Safety</b>	Ensure safe environment: bed to appropriate height, brakes locked, appropriate side rails up and call light within reach	

Completed in 15 minutes using timer: Yes \_\_\_\_\_ No \_\_\_\_\_

Faculty Evaluator:

  

Comments: