

HEAD-TO-TOE ASSESSMENT CHECKLIST

VITALS

NEURO

SAFETY

HEAD

CV

SKIN

RESP

GI

GU

HEAD-TO-TOE ASSESSMENT CHECKLIST

Patient: _____
Age/Sex: _____ Room: _____
Allergies: _____
Diagnosis: _____
Pn/Mn: _____

VITALS
BP _____
HR _____
RR _____
SpO2 _____
Temp _____

SAFETY
☐ Fall hazard
☐ Suction living
☐ Oxygen
☐ Oxygen attachment
☐ Oxygen simple mask
☐ Oral suction and tubing

NEUROLOGICAL

MENTAL STATUS & LOC

- ☐ Awake
- ☐ Alert
- ☐ Calm
- ☐ Cooperative
- ☐ Orients
- ☐ Restless
- ☐ Confused
- ☐ Sedated

ORIENTATION

- ☐ Person
- ☐ Place
- ☐ Time
- ☐ Situation

PAIN

- ☐ ____/10
- ☐ Location
- ☐ Onset
- ☐ Duration
- ☐ Quality
- ☐ Headache
- ☐ Dizziness
- ☐ Numbness
- ☐ Tingling
- ☐ Weak, falls

ASK PATIENT

ASSESS

- ☐ PERRLA
- ☐ Dents
- ☐ Facial drooping
- ☐ Difficulty swallowing
- ☐ Grip strength
- ☐ Dorsi flexion
- ☐ Plantar flexion
- ☐ Sensation

CARDIOVASCULAR

ASK PATIENT

- ☐ Chest pain
- ☐ Palpitations
- ☐ Calf pain
- ☐ Feet pain

INSPECT

- ☐ Pallor or cyanosis
- ☐ JVD
- ☐ Color
- ☐ Warmth
- ☐ Sensation
- ☐ Edema

AUSCULTATE

- ☐ Apical HR
- ☐ Murmur
- ☐ Muffled
- ☐ Distant
- ☐ Extra sound

PALPATE

- ☐ Brachial pulse
- ☐ Radial pulse
- ☐ Dfp pulse
- ☐ PP pulse
- ☐ Cap refill
- ☐ Edema +1/+2/+3/+4

HEAD & FACE

- ☐ Teeth or gum issues
- ☐ Glasses
- ☐ Hearing aids
- ☐ Dentures
- ☐ Vision issues
- ☐ Hearing issues
- ☐ Oral cavity

RESPIRATORY

Oxygen _____ L/min
FiO2 _____ %

INSPECT BREATHING

- ☐ Rhythm
- ☐ Symmetrical expansion
- ☐ Unlabored
- ☐ Deep
- ☐ Shallow
- ☐ Accessory muscle use
- ☐ Trachea at midline

ASK PATIENT

- ☐ Cough (Productive?)
- ☐ SOB

AUSCULTATE



- C=Clear
- D=Decreased
- A=Abnormal
- W=Wheezes
- R=Resonant
- C=Crackles
- C=Crackles
- B=Bronchi
- P=Pleural rub

INTEGUMENTARY

- ☐ Color
- ☐ Temp
- ☐ Moisture
- ☐ Turgor



- ☐ Odor
- ☐ Pressure ulcer
- ☐ Wound

GASTROINTESTINAL

ASK PATIENT

- ☐ Last BM
- ☐ Flatus
- ☐ Constipation
- ☐ Diarrhea
- ☐ Difficulty eating
- ☐ Nausea
- ☐ Vomiting

INSPECT ABDOMEN

- ☐ Flat
- ☐ Rounded
- ☐ Concave
- ☐ Distended
- ☐ Obese

AUSCULTATE



- P=Present
- H=Hyperactive
- T=Tympanic
- A=Absent
- T=Tylen

PALPATE

- ☐ Guarding
- ☐ Distended
- ☐ Flat
- ☐ Soft
- ☐ Firm
- ☐ Tenderness
- ☐ Mass

GENITOURINARY

- ☐ Pain
- ☐ Burning
- ☐ Urgency
- ☐ Frequency
- ☐ Incontinence

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Susan C. deWit



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Assessment Made Incredibly Easy! Margaret Eckman, 2008-01-01 Completely updated this edition presents assessment skills in a reader friendly format that makes learning fun The text provides nurses with the know how they need to obtain pertinent health histories perform physical examinations and recognize normal and abnormal findings

Professional Guide to Assessment ,2006 Provides in depth detailed essential how to information about patient assessment for all health professionals **Fundamental Concepts and Skills for Nursing - E-Book** Susan C. deWit, Patricia A.

Williams, 2013-01-24 NEW Rationales for NCLEX review questions at the end of each chapter help you understand why your choices were correct or incorrect NEW Full text reviews by experts in the field offer consistency and ease understanding as you progress through the book NEW Evolve margin icons denote supplemental material for students on Evolve NEW Evidence Based Practice margin icons point out the most current and evidence based information NEW In depth discussion of the Quality and Safety Education for Nurses QSEN within the text provides the knowledge skills and attitudes necessary to continuously improve the quality and safety of the healthcare systems Saunders Student Nurse Planner, 2013-2014 - E-Book Susan C. deWit, 2015-07-13 Much more than just a study calendar Saunders Student Nurse Planner 2013 2014 will quickly become your lifeline with its wealth of organizational tools clinical information and helpful nursing school guidance all within one compact and versatile resource Designed specifically for busy nursing students like you this planner s strategies for time management and stress reduction NCLEX Exam review questions and study tips and abundance of helpful clinical tools can significantly relieve the common aches and pains of nursing school and help you perform to your fullest potential both inside the classroom and throughout clinical practice Time saving compact design provides a clean and efficient layout that is easy to take to bring along to class and clinical rotations Time management strategies help you perform to your fullest potential Advice on study skills and stress reduction techniques improve your focus and increase efficiency giving you the edge you need to succeed Alternate format questions explanation and examples and information on taking the NCLEX exam help prepare you for the licensure exam Getting the Most from the Clinical Experience chapter educates you on patient safety communication with patients and colleagues and documentation The Joint Commission s Do Not Use List of dangerous abbreviations acronyms and symbols appears inside the front cover Clinical Quick Reference chapter provides you with essential clinical tools and information in a concise accessible format and includes Commonly used abbreviations symbols and notations Perioperative care and Joint Commission safety guidelines for surgery Fall risk factors and assessment Most commonly used IV fluids table HIPAA requirements for confidentiality Safety guidelines to prevent medication errors Pain assessment tools Signs of geriatric and pediatric abuse Glasgow Coma Scale Tips for troubleshooting IV pumps Braden Scale for Predicting Pressure Sore Risk Common lab test values MyPlate dietary guidelines NEW Updated information on common therapeutic diets includes gluten and lactose free high fiber and the DASH Eating Plan NEW FOUR

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