**HEAD TO TOE PHYSICAL ASSESSMENT**

**Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legend**

2- Performed correctly

1. Performed incorrectly
2. - Not performed

|  |  |  |
| --- | --- | --- |
| **Equipment:** | **Prepared** | **Not Prepared** |
| * Stethoscope
 |  |  |
| * Tape measure
 |  |  |
| * Gloves
 |  |  |
| * PPE
 |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SYSTEM** | **PATIENT FINDING** | **2** | **1** | **0** | **Remarks**  |
| **NEUROLOGIC**  |  |  |  |  |  |
| Assess for :1. LOC
 | □Oriented □Alert □Lethargic □Sedated □Unresponsive □Respond only to pain □Agitated □Calm □Confused  |  |  |  |  |
| 1. GCS
 | Motor…..…. +Verbal…..… +Eye……... = |  |  |  |  |
| HEAD AND FACE |  |  |  |  |  |
| 1. Inspect face:
 | Facial expression, \_\_\_\_\_\_\_\_\_\_\_□ Symmetrical □ Asymmetrical |  |  |  |  |
| 1. Inspect the neck: symmetry, lumps, and pulsations.
 | □ Symmetrical □ Asymmetrical□ Presence of lumps □ Normal □ Weak □ Bounding  |  |  |  |  |
| **SKIN** |  | **2** | **1** | **0** | **Remarks**  |
| Assess for :1. Hair
 | □Thick □Thin □Dull □Shiny Color……….. |  |  |  |  |
| 1. Nail
 | □Flat □Curve □Convex □Clean □ Dirty □brittle Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 1. Skin Integrity
 | □Intact □Dry □ Moist □Wound □Ulcer |  |  |  |  |
| 1. Skin Color
 | □Pink/WML □ Pale □Jaundiced □Cyanotic  |  |  |  |  |
| 1. Skin Temperature
 | □Warm □ Hot □ Cold  |  |  |  |  |
| 1. Wound/Ulcer
 | □None □Yes Location………… Size……….. Border………….Depth ………… Stage……..… |  |  |  |  |
| **CARDIAC/ CIRCULATORY** |  |  |  |  |  |
| Assess for : 1. Edema
 | □None □ Yes +1 / +2 / +3 / +4 Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 1. Capillary Refill
 | □Normal (1-2 seconds) □ Delayed (>3 seconds) |  |  |  |  |
| 1. Arterial Pulses
 | □Strong □Weak □Increased □Bounding □Absent |  |  |  |  |
| 1. Rhythm
 | □Regular □ Irregular  |  |  |  |  |
| 1. Cardiac sound
 | □S1 , S2 □ abnormal sound  |  |  |  |  |
| **RESPIRATORY** |  |  |  |  |  |
| Assess for: 1. Breath Sound
 | □Clear □Crackles □Wheezes  |  |  |  |  |
| 1. Cough
 | □Absent □ Productive  □ Non productive  |  |  |  |  |
| 1. Sputum/Secretion
 | Color\_\_\_\_\_\_\_\_\_\_\_ Consistency \_\_\_\_\_\_\_\_\_\_  □Thin □Thick |  |  |  |  |
| **GASTROINTESTINAL** |  | **2** | **1** | **0** | **Remarks**  |
| Assess for: 1. Diet
 | □NPO □ Reg □Clear □Soft  |  |  |  |  |
| 1. Appetite
 | □Good □Fair □Poor □Nausea □Vomiting  |  |  |  |  |
| 1. Abdomen
 | □Soft □Firm □Distended |  |  |  |  |
| 1. Bowel Sounds
 | □Active □Hyperactive □Hypoactive □Absent |  |  |  |  |
| 1. Stool
 | □None □Formed □Soft □ Liquid Color\_\_\_\_\_\_\_\_\_\_ Last BM \_\_/\_\_/\_\_ |  |  |  |  |
| **GENITOURINARY** |  |  |  |  |  |
| Assess for: 1. Urine
 | □Continent □ Incontinent □ Foley Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 1. Voiding
 | □ with difficulty □ without difficulty  |  |  |  |  |
| **MUSCLOSKELETAL** |  |  |  |  |  |
| Assess for: 1. ROM
 | □Full Limited  |  |  |  |  |
| 1. Abnormality
 | □Absent □Present Location………. |  |  |  |  |
| **ACTIVITY** |  |  |  |  |  |
| Assess for: 1. Activity
 | □Dependent □ Independent □ Bedrest  |  |  |  |  |
| 1. Hygiene
 | □Clean □ Dirty  |  |  |  |  |
| TOTAL SCORE : 30 X2 = 60 pts**Score \_\_\_\_ X 20 marks = \_\_\_\_\_\_\_ marks** **60** |  |  |  |  |

**OVER ALL REMARKS**

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**Evaluator’s Name and Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**