**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 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**