

Head to Toe Assessment Return Demonstration

Student Name: _____ Student Signature: _____

Evaluator Signature: 1st attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 2nd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 3rd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

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

| PERFORMANCE BEHAVIORS | S* | U^ | COMMENTS |
|---|----|----|----------|
| <u>Planning</u> 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 patient identifiers (name and date of birth) 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 | | | |
| <u>Assessment</u> 3. ** Assess level of consciousness and orientation to person, place, time, and situation. | | | |
| 4. ** Perform vital sign assessment a. Temperature, pulse, respirations, blood pressure, oxygen saturation and pain | | | |
| 5. Assess head and observe for any gross abnormalities of the head and face a. PERRLA (Pupils Equal, Round, React to Light, and Accommodation) | | | |
| 6. ** Throughout assessment observe and note condition of hair, skin and nails | | | |
| 7. ** Assess and compare bilateral upper extremities: a. Color and symmetry b. Temperature c. Radial pulses d. Capillary refill e. Hand grasps for equality and strength f. Sensation | | | |
| 8. ** Assess apical pulse a. Inspect the anterior chest for color, shape, and symmetry b. Palpate for the Point of Maximal Impulse (PMI), left mid-clavicular line fifth intercostal space c. Auscultate heart sounds for one full minute, noting rate and regularity | | | |
| 9. ** Assess lungs a. Inspect thorax for shape and symmetry b. Observe bilateral rise and fall of chest with respirations, noting respiratory effort c. Auscultate breath sounds 1. Assess four (4) anterior sites, four (4) posterior sites, and two (2) lateral sites | | | |

| PERFORMANCE BEHAVIORS | *S | *U | COMMENTS |
|---|----|----|----------|
| 10. ** Assess abdomen (Inspection, Auscultation, Palpation) a. Inspect abdomen for contour, symmetry, color, and umbilicus b. Auscultate for bowel sounds in all four quadrants c. Palpate abdomen for firmness, tenderness, and lower abdomen for bladder distention | | | |
| 11. ** Assess and compare bilateral lower extremities for a. Inspect bilateral lower extremities for color and symmetry b. Temperature c. Palpate for edema d. Dorsalis pedis and posterior tibial pulses e. Capillary refill f. Movement and strength g. Sensation | | | |
| 12. Assess posterior lung sounds (if not done previously) and skin | | | |
| 13. Survey the environment for safety concerns a. ** Reposition patient for comfort and safety | | | |
| 14. 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 | | | |
| <u>Evaluation</u> 15. ** Document assessment per facility policy | | | |

*S = Satisfactory, *U = Unsatisfactory

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

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| 16. Write a sample nursing note: |
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