

Nursing Brain: Head-to-Toe Assessment

Patient ID	Name, Rm, M/F, DOB, LOS
Vital Signs	T, HR, BP, RR, O2sat, pain
Head/Neuro	Alert & Oriented X 3 Speech normal, appropriate PERRLA Facial symmetry Mouth, gums Equal bilateral hand grips
Neck/Lymph	Nodes esp. subclavian JVD Palpate thyroid while swallow
Skin/Hydration	Color, temperature, moisture Turgor Lesions, wounds Ulcers esp. bony prominences
Cardiovascular	S1, S2, S3, S4, rubs, murmurs Pacemaker 5 heart: aortic, pulmonic, erb's, tricuspid, mitral (APE2man) Cap. refill fingers and toes Pulses radial/pedal Clubbing
Respiration	Percuss chest front and back Ausc. 5 lobes, adventitious: crackles, wheezes, rhonchi Labored breathing Accessory muscles used Palpate: crepitus
GI/Abdomen	Last BM Bowel sounds X 4Q Palpate for masses, guarding
GU	Last urine: when, qty, color
Legs/Feet	Edema Homan's sign
Muscle/Skel.	Grip strength, bilateral Feet dorsal/plantar flex/extend
Equipment	Foley Oxygen/ventilator Suction IV – loc., condition, last chg