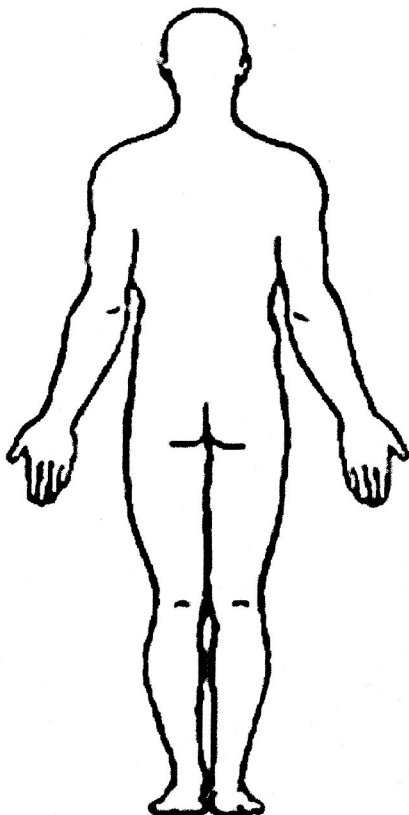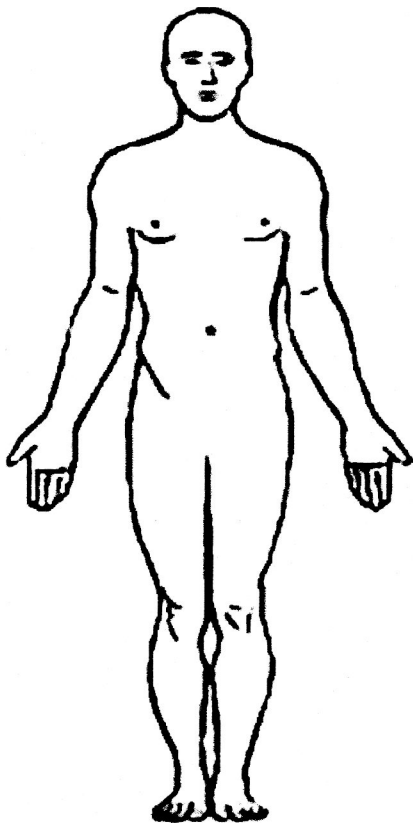# Head to Toe

Patient Name _____

Conduct periodic assessments of patients

❑ **Wear medical gloves...keep talking to the patient**

❑ **Systematically from Head to toe, checking for blood, pain, deformities, bruising, swelling, etc.**

❑ **Respiration -** Too fast or too slow? (Range?)

❑ **Perfusion -** Over / Under 2 seconds?

❑ **Mental Status -** Answers questions appropriately? Y / N

❑ **Eyes -** Pupils equal and reactive to light? _____

❑ **Skin color -** Appropriate? (Pink/Warm)

❑ **Feel back of head with hands** _____

❑ **Feel collarbone with fingertips** _____

❑ **Feel chest with heels of hands -** Press in and down from both

sides at once _____

❑ **Feel lower back with heels of hands -** Press in and down from

both sides at once _____

❑ **Feel abdomen -** Gently press down _____

Upper left _____ Upper right _____

Lower left _____ Lower right _____

❑ **Feel pelvis with heels of hands -** pressing down on both hip

bones at once_____

❑ **Feel arms with fingers -** Press in opposing directions

_____

❑ **Check elbows, wrists, hands** _____

❑ **Feel legs with fingers -** Press in opposing directions

_____

❑ **Check knees, ankles, feet** _____

❑ **Other notes** _____

Date _____   Time _____   By _____