

HEAD TO TOE ASSESSMENT

Wear PPE. Get consent. Assess the patient. Document. Start DCAPBTLs and PMS while asking SAMPLE questions.

PATIENT NAME: _____

EMERGENCY CONTACT: _____

DOB: _____ **AGE:** _____ **HEIGHT:** _____ **WEIGHT:** _____ **MEDICAL ALERT TAG?** _____

P.M.S. **LH:** _____ **RH:** _____ **LF:** _____ **RF:** _____

S – SIGNS AND SYMPTOMS “How do you feel right now?” “What’s hurting you?”

SYMPTOMS: _____

OBSERVATIONS: _____

A – ALLERGIES “Are you allergic to any medication?” “Do you have any known allergies?”

ALLERGIES: _____

M – MEDICATIONS “Are you taking any medications?” “When was the last time you took it?”

ANSWERS: _____

P – PAST MEDICAL HISTORY “Do you have any current medical conditions?” “Any pre-existing medical conditions?”

ANSWERS: _____

L – LAST ORAL INTAKE “When was the last time you ate or drank anything, and what was it?”

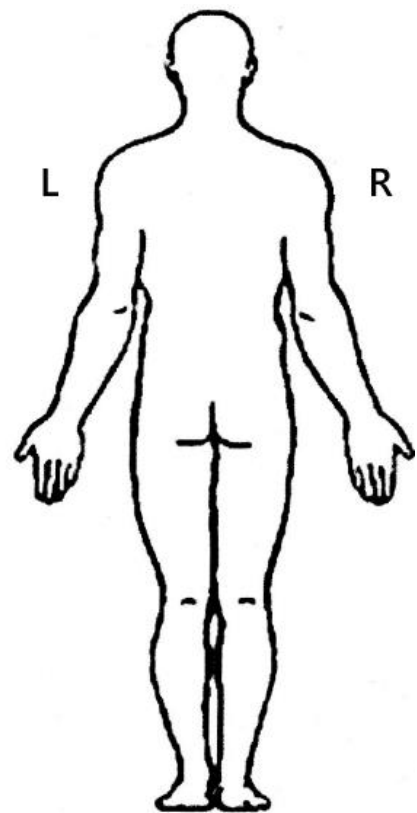
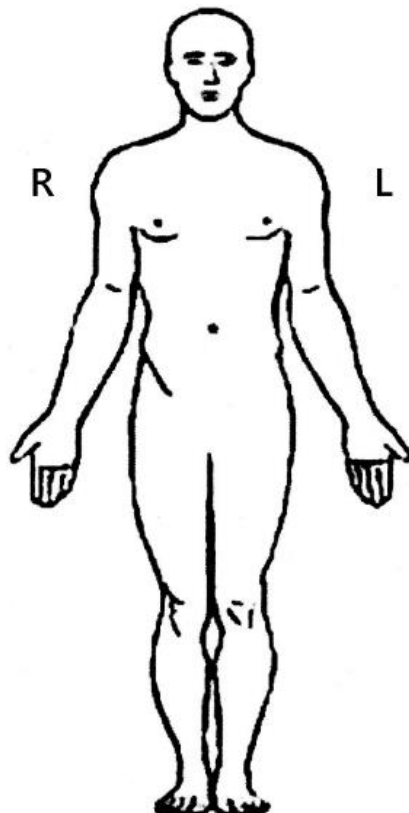
ANSWERS: _____

E – EVENTS LEADING UP TO INJURY OR ILLNESS “What you were doing when you began to feel ill?”

ANSWERS: _____

D.C.A.P.B.T.L.S.

- Deformities
- Contusions (bruising)
- Abrasions
- Punctures
- Burns
- Tenderness
- Lacerations
- Swelling



Pulse/Perfusion, Movement, Sensation (PMS)

Hands

P. Check capillary refill or Radial pulse.

M. "Please wiggle your fingers. Squeeze my fingers. Now fan out your fingers as I try to close them."

S. "Which finger am I touching? (Pinch) Can you feel that?"

Feet

P. Check capillary refill or Posterior Tibial pulse

M. "Push down on my hands like a gas pedal. Now push up."

S. "Which toe am I touching? (Pinch) Can you feel that?"

Check for medical alert tags, bracelets, necklaces, or shoelaces.

SAMPLE questions are designed to help you gather valuable information from breathing, conscious, patients to pass to professional medical responders.

NOTES

Hi there. My name is _____. I'm here to check on you, is that ok? What's your name? Ok _____,
I'm going to check your body for injuries by touching you. Please let me know if anything hurts or feels sore.